2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G85994

1. Entity Name

BECKER REAL ESTATE COMPANY

Principal Place of Business 7374 7376 S.W. 48 STREET MIAMI FL 33155 Mailing Address

7376 SIW. 48 STREET JUMMI FL 83155 6523 FILED Feb 14, 2000 8:00 am Secretary of State

02-14-2000 90046 015 ***158.75

| 2. Principal Pl | ace of Business | 3. Mailing Address | 48 Lane | | | |
|---|---|-------------------------------|--|--|-----------------------------------|--|
| Suite, Apt. | #, etc. | 70965W Suite, Apt. #, etc. | 78 Lane | DO NOT WRITE IN THIS | SPACE | |
| City & State | | City & State | R | 4. FEI Number 65-0553432 | Applied For Not Applicable | |
| Zip | Country | Zip 33155 | DAde | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current Re | gistered Agent | | 7. Name and Address of New Registered | Agent | |
| BECKER, EARL 7096 S.W. 48 LANE MIAMI FL 33155 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | FI | Zip Code | |
| 9. This corporate filling re | named entity submits this statement for the statement for the statement for the statement for the statement and statement and elects to do so, in an on back) | FILE NOW!!! After MAY 1, 2004 | Registered Office or registance Registered Agent signature requirements of State 1 Properties of State 2 Prope | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 11. | OFFICERS AND DI | | 12. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BECKER, EARL 7096 S.W. 48 LANE | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIAMI FL | ☐ Delete | TITLE NAME STREET ADDRESS - CITY-ST-ZIP | يت ديره گهيون دند همو مي پيره سد موسوعي به | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-8-00

Daytime Phone