## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** DOCUMENT # **G95263** Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** FLA. MARKET REALTY CORP. 03-21-2000 90153 003 \*\*\*400.00 Mailing Address Principal Place of Business 6929 NW 46TH STREET 6929 NW 46TH STREET MIAMI FL 331,96-5603 MIAMI FL 38166 3. Mailing Address 2. Principal Place of Business 11 ST 12120 NW NW 12120 ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2419283 FL PLANTATION PLANTATION Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired **US B** 33323 33323 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASHOFSKY, MARTIN Street Address (P.O. Box Number is Not Acceptable) 6929 NW, 46TH STREET MIAMIFE 33,186 12120 11ST City PLANTATION FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE WASHOFSKY, MARTIN NAME NAME 12120 NW 11 ST STREET ADDRESS STREET ADDRESS 6929 N.W. 46TH STREET 33323 CITY-ST-ZIP CITY-ST-ZIP MIAMLEL 33166 PLANTATION ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE - - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

MARTIN WASHORKY 02.15.00