

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90017 002 ***150.00

02552995 AV

DOCUMENT # H28452

1. Entity Name

TOTAL SERVICE REALTY CORP.

Principal Place of Business

**18943 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33180
 US**

Mailing Address

**3600 NE 167TH STREET
 NORTH MIAMI BEACH FL 33160
 US**

2. Principal Place of Business

2440 MIAMI GARDENS DR.

3. Mailing Address

Suite, Apt. #, etc.

SUITE - 103

City & State

NO. MIAMI BEACH

City & State

Zip
33180

Country
Dade

Zip

Country

4. FEI Number

59-2463060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEINTRAUB, AMOS
 3600 NE 167 ST.
 NO MIAMI BCH FL 33160**

7. Name and Address of New Registered Agent

Name **AMALIA WEINTRAUB**

Street Address (P.O. Box Number is Not Acceptable)
**3600 NE 167th Street
 No. Miami Beach**

City

FL 33160

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 **AMALIA WEINTRAUB X** *A. Weintraub X* **1/29/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **WEINTRAUB, AMOS**
 STREET ADDRESS **3600 NE 167 ST**
 CITY-ST-ZIP **NORTH MIAMI BCH FL**

☒ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.S.**
 NAME **AMALIA WEINTRAUB**
 STREET ADDRESS **3600 NE 167 Street**
 CITY-ST-ZIP **No. Miami Beach FL-33160**

Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 empowerers.

SIGNATURE: **AMALIA WEINTRAUB: OX** *A. Weintraub*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2002 305 944-7337
 Date Daytime Phone #

CR2E034 (9/01)