

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H46935

1. Entity Name

CONTINENTAL REAL ESTATE BROKERS, INC.

Principal Place of Business

Mailing Address

7501 NW 4TH ST  
STE 212  
PLANTATION FL 33317  
US

7501 NW 4TH ST  
STE 212  
PLANTATION FL 33317-2238  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLOWITZ, WILLIAM  
7501 NW 4TH ST  
STE 212  
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
BRANDON, MELBOURNE  
100 SW 130 TERR. #304  
PEMBROKE PINES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
WOLOWITZ, BELINDA  
7501 NW 4TH ST STE 212  
PLANTATION FL 33317

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 DIRECTOR

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90099 006 \*\*\*150.00

707140



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2513236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**