

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69052

1. Entity Name

REAL ESTATE BANKERS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90867 019 ***158.75

Principal Place of Business

Mailing Address

2901 CLINT MOORE ROAD
 STE. 128
 BOCA RATON FL 33496
 US

2901 CLINT MOORE ROAD
 STE. 128
 BOCA RATON FL 33496-2041
 US

2. Principal Place of Business

2429 NW 64th ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

4. FEI Number

59-2552319

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, MARK B
 2255 GLADES ROAD
 STE. 236W
 BOCA RATON FL 33431

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 PD
 NAME GODMAN, EDWARD
 STREET ADDRESS 2901 CLINT MOORE ROAD, STE. 128
 CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

TITLE C, P, D
 NAME GODMAN, EDWARD
 STREET ADDRESS 2429 NW 64th ST.
 CITY-ST-ZIP BOCA RATON, FL 33496

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE T
 NAME GODMAN, CORY
 STREET ADDRESS 2429 NW 64th ST.
 CITY-ST-ZIP BOCA RATON, FL 33496

☐ Change ☒ Addition

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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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2000

Date

561-995-8136

Daytime Phone #

CR2E034 (9/99)