

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94650

1. Entity Name

INTERBANC REAL ESTATE, INC.

FILED

Apr 14, 2000 8:00 am  
Secretary of State

04-14-2000 90008 010 \*\*\*150.00

Principal Place of Business

Mailing Address

2600 E COMMERCIAL BLVD  
STE. 200  
FT LAUDERDALE FL 33308  
US

2600 E COMMERCIAL BLVD  
STE. 213  
FT LAUDERDALE FL 33308-4111  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0007001

Applied For

Not Applicable

Zip

Country

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

LIEBOWITZ, SHELDON  
2600 E COMMERCIAL BLVD  
STE. 200  
FT LAUDERDALE FL 33308

Name  
BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
100 Southeast Second Street  
Suite 3500  
City Miami FL Zip Code 33131-2130

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 of person 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	P	<input type="checkbox"/> Delete
NAME	LIEBOWITZ, SHELDON	
STREET ADDRESS	2600 E COMMERCIAL BLVD, 200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIEBOWITZ, MURRAY	
STREET ADDRESS	2600 E COMMERCIAL BLVD, 200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Murray Liebowitz

Date

Daytime Phone #

CR2E034 (9/99)