

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90298 009 ***150.00

DOCUMENT # K04602

1. Entity Name
BROKERS III REALTY REFERRAL, INC.



Principal Place of Business
**101 BRIDGE ROAD
TEQUESTA FL 33469
US**

Mailing Address
**C/O MARK EBLE
101 BRIDGE ROAD
TEQUESTA FL 33469
US**

11013742



2. Principal Place of Business

393 Tequesta Drive

Suite, Apt. #, etc.

3. Mailing Address

393 Tequesta Dr.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Tequesta, FL

City & State

Tequesta, FL

4. FEI Number **59-2858289**

Applied For

Not Applicable

Zip

33469

Country

United States

Zip

33469

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHARUHAS, SHARON C
326 JUPITER LAKES BLVD.
2318-B
JUPITER FL 33458**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EBLE, MARK B**
STREET ADDRESS **26 E. RIVERSIDE DRIVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☐ Delete
NAME **CHARUHAS, SHARON C**
STREET ADDRESS **326 JUPITER LAKES BLVD. 2318-B**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

425-03

561-747-3377

Date

Daytime Phone #

CR2E034 (10/02)