2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # K11711** 1. Entity Name UNITED REALTY HOLDINGS (U.S.), INC. 01-26-2000 90022 032 ***158.75 Principal Place of Business Mailing Address 6200 GULF BLVD. 1100 ESTERO BLVD. ST. PETERSBURG BCH. FL 33706-3716 FORT MYERS BEACH FL 33931 608769 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2617303 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOTSOPOULOS, JAMES Street Address (P.O. Box Number is Not Acceptable) 1100 ESTERO BOULEVARD FORT MYERS FL 33931 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PSD Addition ☐ Delete TITLE KOTSOPOULOS, JAMES NAME STREET ADDRESS 1130 ESTERO BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL ☐ Change ☐ Addition ☐ Defete TITLE TITLE RADICH, DOREEN NAME NAME STREET ADDRESS STREET ADDRESS 6200 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP ST PETE BEACH FL Delete ☐ Addition Change TITLE TITLE DEMENT, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 6200 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP ST PETE BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.