

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:32

DOCUMENT # K39141

(2)

1. Corporation Name

UNION REALTY & INVESTMENT CO.

Principal Place of Business

Mailing Address

% KENNETH F. KUPPER  
12555 BISCAYNE BLVD., SUITE #870  
NORTH MIAMI FL 33181

% KENNETH F. KUPPER  
12555 BISCAYNE BLVD., SUITE #870  
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1988

3a. Date of Last Report

03/24/1994

4. FEI Number

52-1568770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 209 NE 95 ST

26 209 NE 95 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1

27 #1

City & State

City & State

23 MIAMI, FL 33138

28 MIAMI, FL

Zip

Country

Zip

Country

24 33138

25 DADE

29 33138

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUPPER, KENNETH F.  
12555 BISCAYNE BLVD.  
SUITE #870  
NORTH MIAMI FL 33181

81 Name

ELLIOT B. KLEIMAN

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

4701 MCKINLEY ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33011

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Elliot B. Kleiman

(NOTE: Registered Agent Signature required when transferring)

2-1-95

DATE

12. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | D                        |
| NAME            | KUPPER, KENNETH F.       |
| STREET ADDRESS  | 12555 BISCAYNE BLVD.#870 |
| CITY - ST - ZIP | NORTH MIAMI FL           |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 11 TITLE           | PRES + DIR            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | ELLIOT B. KLEIMAN     |                                                                              |
| 13 STREET ADDRESS  | 4701 MCKINLEY ST.     |                                                                              |
| 14 CITY - ST - ZIP | HOLLYWOOD, FL 33011   |                                                                              |
| 21 TITLE           | SEC + DIR             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME            | SEYMOUR D. SINGER     |                                                                              |
| 23 STREET ADDRESS  | 1000 QUAYSIDE TR #701 |                                                                              |
| 24 CITY - ST - ZIP | MIAMI, FL 33138       |                                                                              |
| 31 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                       |                                                                              |
| 33 STREET ADDRESS  |                       |                                                                              |
| 34 CITY - ST - ZIP |                       |                                                                              |
| 41 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                       |                                                                              |
| 43 STREET ADDRESS  |                       |                                                                              |
| 44 CITY - ST - ZIP |                       |                                                                              |
| 51 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                       |                                                                              |
| 53 STREET ADDRESS  |                       |                                                                              |
| 54 CITY - ST - ZIP |                       |                                                                              |
| 61 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                       |                                                                              |
| 63 STREET ADDRESS  |                       |                                                                              |
| 64 CITY - ST - ZIP |                       |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE:

SEYMOUR D. SINGER  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT (OR DIRECTOR)

1-31-95

305-761-7059

Date

Telephone #