2000 UNIFORM BUSINESS REPORT (UBR)						F	ILEI)	
DOCUMENT # K39371 1. Entity Name				Apr 21, 2000 8: Secretary of S				0 am	
YALE PROPERTIES ONE, INC.						04-21-2000			
Principal Place	e of Business	Mailing Address							
5675 SW 35TH FORT LAUDERD US		5675 SW 35TH AVENUE FORT LAUDERDALE FL 33312-6373 US						1811 B 1811 B 181	ı Albei süğl
	ace of Business N - Griffin Rd #, etc.	3. Mailing Address 3201 W - Gr, FFI Rd @uite Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
	0 6	City & State			4. FEI Numb	er octobal			plied For
	Beach FL	Dania Be	<u>zach</u>	FL	4.) [[[[[[[[[[[[[[[[[[[er 65-007831		Not	Applicable
Zip 33331	2 Country 2 U.S.	zp 33312	Country U.S.			of Status Desired	∠A ∱ _€	B.75 Addi e Required	
	6. Name and Address of Current F	legistered Agent	Nam	ne	7. Name and	i Address of New F	legistered Ag	ent	
DECKELBAUM, GORDON 5676 SW 35TH AVENUE			Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE FL 33312				# 10	DIO			7:- 0-4	
				200	Beac	<u> </u>	FL	Zip Code	312
8. The above	named entity submits this statement for	the purpose of changing its re	gistered offic	e or register	ed agent, or bo	th, in the State of Flo	orida.		-
SIGNATURE ,	Signature, typed or printed name of registered agent a	d title if applicable. (NOTE: F	Registered Agent s	ignature required	when reinstating)		4 · 13 ;	<u>රග</u>	
			FEE IS \$1 Fee will be to Departr	e \$550.00	Tr	ection Campaign Firust Fund Contribution			May Be to Fees
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS	/CHANGES TO OFF	44		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RICHTER, SAM 3400 NE 34TH ST #101	☐ Delete	TITLE NAME STREET ADDR. CITY-ST-ZIP			Sam Briffin Bach Fl	Rd #		Addition
TITLE	FORT LAUDERDALE FL 33308 VSD	□ Delete	TITLE	100	nia Be	<u>aoi e</u>		Change	☐ Addition
NAME STREET ADDRESS	RICHTER, MORRIS 4240 GALT OCEAN MILE		NAME STREET ADOR CITY-ST-ZIP	ss 320	51 W.		_	# 106 3312	
TITLE	HOLLYWOOD FL 33308	☐ Delete	TITLE	<u> </u>	Dia R	each_		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DECKELBAUM, GORDON 5675 SW 35TH AVENUE FORT LAUDERDALE FL	<u></u>	NAME STREET ADDR CITY-ST-ZIP	ss 320		saum, 6 oriffin oron		1000 1000	
TITLE	FOR! DAUDERDALE FL	Delete	TITLE			<u> </u>	,	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDR CITY-ST-ZIP	ESS					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR	ESS			[Change	☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADOR	ESS					
	pertify that the information supplied with on this report or supplemental report is	this filing does not qualify for t true and accurate and that my		stated in Se all have the	ection 119.07(3 same legal effe)(i), Florida Statutes. ct as if made under	I further certif oath; that I am	y that the in	nformation or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #