

3/16

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-16-2001 90019 041 ***150.00

DOCUMENT # L15473

1. Entity Name

FLORIDA RENTAL PROPERTY, INC.

Principal Place of Business

250 95 ST
 SURFSIDE FL 33154
 US

Mailing Address

PO BOX 614
 KINSTON NC 28502
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0152314**

Applied For

Not Applicable

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

Name

Edward S. Levine ATT AT LAW

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

328 Minorca Ave

City

Coral Gables

FL

Zip Code

33134

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.

(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, 2001 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 ☐ Delete
 NAME **PD CHUSED, ANDREW M.**
 STREET ADDRESS **PO BOX 579**
 CITY-ST-ZIP **ATLANTIC BCH FL 28512**

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

TITLE ☐ Delete
 NAME **D CHUSED, HARRIET**
 STREET ADDRESS **P O BOX 614 N/A**
 CITY-ST-ZIP **KINSTON NC**

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

TITLE ☐ Delete
 NAME **D SCHECHTER, PEARL**
 STREET ADDRESS **P.O BOX 614 N/A**
 CITY-ST-ZIP **KINSTON NC**

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

TITLE ☐ Delete
 NAME **T CHUSED, ANDREW M.**
 STREET ADDRESS **P.O. BOX 579**
 CITY-ST-ZIP **ATLANTIC BCH NC 28512**

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

TITLE ☐ Delete
 NAME **V SCHECHTER, SOL**
 STREET ADDRESS **P O BOX 614 N/A**
 CITY-ST-ZIP **KINSTON NC**

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

TITLE ☐ Delete
 NAME **S CHUSED, PAUL**
 STREET ADDRESS **P O BOX 614 N/A**
 CITY-ST-ZIP **KINSTON NC**

TITLE ☐ Change ☐ 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:

Sol Schechter *V.P.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 13 2001

Date

(252) 527-8011

Daytime Phone #

CR2E034 (10/00)