

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L31083**

1. Entity Name
1025 REALTY CORP.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90021 030 ***550.00

Principal Place of Business

Mailing Address

~~P.O. BOX 1709~~
~~DANIA FL 33004~~
~~US~~

~~P.O. BOX 1709~~
~~DANIA FL 33004~~
~~US~~

2. Principal Place of Business

2100 SOUTH OCEAN DRIVE

3. Mailing Address

2100 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

16-B

Suite, Apt. #, etc.

16-B

City & State

FT. LAUDERDALE FLA.

City & State

FT. LAUDERDALE FLA.

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

4. FEI Number

65-0156722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOHL, MITCHELL T.
3711 NORTH PARK ROAD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

KNOHL, MITCHELL T.

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

2100 SOUTH OCEAN DRIVE

16-B

City

FT. LAUDERDALE

FL

Zip Code

33316

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

Mitchell Knohl

[Signature]

7-7-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
NAME **KNOHL, MITCHELL**
STREET ADDRESS ~~1025 NE 79 ST~~ **2100 SOUTH OCEAN DR.**
CITY-ST-ZIP ~~MIAMI FL~~ **FT. LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00

Date

954-522-0844

Daytime Phone #