## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

SIGNATURE:

## Feb 01, 2001 8:00 am DOCUMENT # L55452 **Secretary of State** 1. Entity Name FRAMER COMMERCIAL REALTY, INC. 02-01-2001 90153 011 \*\*\*150.00 Principal Place of Business Mailing Address 935 ARTHUR GODFREY RD. 935 ARTHUR GODFREY RD. MIAMI BEACH FL 33144 MIAMI BEACH FL 33144 2. Principal Place of Business 3. Mailing Address 825 Arthur Godfrey Road 825 Arthur Godfrey Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1944128 Applied For Not Applicable <u>Miami Beach.</u> liami Reach. Florida <u> Elorida</u> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3314<u>0</u> 33<u>14</u>0 USA 6. Name and Address of Current Registered Agent 7." Name and Address of New Registered Agent Name MERKIN, STEWART A. Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131 Zip Code City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Delete TITLE T Change FRAMER, EVELYN \$ NAME NAME 935 ARTHUR GODFREY RD STREET ADDRESS STREET ADDRESS 825 Arthur Godfrey Road CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP Miami Beach, Florida 33140 ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP '☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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

other like empowered.

FILED