## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # L70473 🟃 .... May 01, 2000 8:00 am Secretary of State T.M. REALTY, INC. 05-01-2000 90459 007 \*\*\*158.75 Mailing Address Principal Place of Business 1400 E. NEWPORT CENTER 5890 S SEMORAN BLVD ORLANDO FL 32822 STF 209 DEERFIELD BEACH FL 33442-7713 2. Principal Place of Business 3. Mailing Address 1350 E. Newport Center PO BOX 4219 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste 206 Applied For City & State City & State 4. FEI Number 59-3009049 Deerfield Beach, FL Deerfield Beach, FL Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33442 USA 33442-4219 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAY, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE EAST TOWER W. PALM BCH FL 33401 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP X Change ☐ Addition Delete TITLE REIBLING, LORENZ NAME 1400 E. NEWPORT CENTER DR. #209 STREET ADDRESS 1350 E. Newport Center Dr. Ste 206 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP Deerfield Beach, FL 33442 Change ☐ Addition DVST ☐ Delete TITLE TITLE REIBLING, GUENTHER NAME 1350 E. Newport Center Dr. Ste 206 1400 E. NEWPORT CENTER DR. #209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Deerfield Beach, FL 33442 CITY-ST-ZIP DEERFIELD BEACH FL Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like

Linda G. Kassof 4/27/00

Daytime Phone #