

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17901

1. Entity Name  
EB-15 REALTY CORP.

Principal Place of Business  
AMERICAN MEDICAL PLAZA  
11880 S.W. 40TH STREET, SUITE #405  
MIAMI FL 33175  
US

Mailing Address  
AMERICAN MEDICAL PLAZA  
11880 S.W. 40TH STREET, SUITE #405  
MIAMI FL 33175  
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 59-2551698

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

MUDD, JOHN  
11880 S.W. 40TH STREET  
SUITE 405  
MIAMI FL 33175

Name

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

City

FL

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.

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 TD  
STREET ADDRESS WIENER, A.B.  
CITY-ST-ZIP 11880 S.W. 40TH STREET, #405  
MIAMI FL

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS DIAZ, MAYRA  
CITY-ST-ZIP 11880 BIRD RD 405  
MIAMI FL 33175

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS LINCOLN, TIMOTHY  
CITY-ST-ZIP 11880 S.W. 40TH STREET, #405  
MIAMI FL 33175

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MIRANDA, ELDA  
CITY-ST-ZIP 11880 S.W. 40TH STREET, #405  
MIAMI FL

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

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS PORTAL, ANA  
CITY-ST-ZIP 11880 BIRD RD 405  
MIAMI FL 33175

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME P/D  
STREET ADDRESS Mudd, John  
CITY-ST-ZIP 11880 S.W. 40th Street, #405  
Miami, FL 33175

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elda Miranda

Date

(305) 221-1900

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)