

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90047 045 \*\*\*158.75

**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

**5601 North Dixie Highway**

Suite, Apt. #, etc.

**Suite 420**

City & State

**Ft. Lauderdale, FL**

Zip  
**33334**

Country  
**USA**

3. Mailing Address

**5601 North Dixie Highway**

Suite, Apt. #, etc.

**Suite 420**

City & State

**Ft. Lauderdale, FL**

Zip  
**33334**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

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

**MUDD, JOHN**

**11880 S.W. 40TH STREET**

**SUITE 405**

**MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

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

**5601 North Dixie Highway**

**Suite 420**

City  
**Ft. Lauderdale**

**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, 2002 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

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☒ Delete

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

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**MUDD, JOHN**  
**11880 SW 40TH STREET #405**  
**MIAMI FL 33175**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**5601 North Dixie Highway, #420**  
**Ft. Lauderdale, FL 33334**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**VPD, S**  
**DIAZ, MAYRA**  
**5601 North Dixie Highway, #420**  
**Ft. Lauderdale, FL 33334**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**-5601 North Dixie Highway, #420**  
**Ft. Lauderdale, FL 33334**

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**5601 North Dixie Highway, #420**  
**Ft. Lauderdale, FL 33334**

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:

**Mayra Diaz**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/02**

Date

**(954) 202-1998**

Daytime Phone #

CR2E034 (9/01)