

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M18707**

1. Entity Name

**I.R.E. PENSION ADVISORS II, CORP.**

Principal Place of Business

**P O BOX 5403  
FT LAUDERDALE FL 33310-5403  
US**

Mailing Address

**P O BOX 5403  
FT LAUDERDALE FL 33310-5403  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2567622**

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

**LEVAN, ALAN B.  
1750 EAST SUNRISE BOULEVARD  
3RD FLOOR  
FT LAUDERDALE FL 33310**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LEVAN, ALAN B	1750 E SUNRISE BLVD THIRD FLOOR	FT LAUDERDALE FL	<input type="checkbox"/>
D	MCKENNY, CARL	1750 E SUNRISE BLVD THIRD FLOOR	FT LAUDERDALE FL	<input type="checkbox"/>
D	PERTNOY, EARL	1750 E SUNRISE BLVD THIRD FLOOR	FT LAUDERDALE FL	<input type="checkbox"/>
STV	GILBERT, GLEN R.	1750 E SUNRISE BLVD THIRD FLOOR	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			33304	<input checked="" type="checkbox"/>
			33304	<input checked="" type="checkbox"/>
			33304	<input checked="" type="checkbox"/>
			33304	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**GLEN R. GILBERT  
Executive Vice President****4/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90331 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)