

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90152 014 \*\*\*150.00

0089936

**DOCUMENT # M25443**

1. Entity Name

ACME REAL ESTATE INC.

Principal Place of Business

800 E HALLANDALE BCH BLVD  
 STORE 26  
 HALLANDALE FL 33009  
 US

Mailing Address

800 E HALLANDALE BCH BLVD  
 STORE 26  
 HALLANDALE FL 33009  
 US

2. Principal Place of Business

1600 E HALLANDALE BEACH BLVD  
 Suite, Apt. #, etc.

3. Mailing Address

1600 E HALLANDALE BEACH BLVD  
 Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

US

Zip

33009

Country

US

4. FEI Number

59-2621578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MANELLA, ROSS  
 2500 HOLLYWOOD BLVD  
 SUITE #212  
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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

TITLE DPST  
 NAME RABINOVITCH, JERRY  
 STREET ADDRESS 800 E HALLANDALE BEACH BLVD  
 CITY-ST-ZIP HALLANDALE FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS 1600 E HALLANDALE BEACH BLVD  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

JERRY RABINOVITCH

427-01

954-458-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)