## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRAITED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 05, 2001 8:00 am **DOCUMENT # M62135 Secretary of State** PLATT REALTY AND MANAGEMENT CORP. 02-05-2001 90002 019 \*\*\*150.00 Principal Place of Business Mailing Address 3864 SHERIDAN ST 3864 SHERIDAN ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 914332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0012101 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6.. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLATT. MARSHALL DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 3864 SHERIDAN ST HOLLYWOOD FL 33021 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. CR2E034 (10/00 ☐ Delete Addition TITLE TITLE ☐ Change PLATT, STEPHEN M. NAME NAME STREET ADDRESS STREET ADDRESS 2221 N. 50TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete ☐ Change ☐ Addition TITLE TITLE PLATT, NORMAN NAME NAME STREET ADDRESS 3864 SHERIDAN ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delētē TITLE Change ☐ Addition NAME PLATT, MARSHALL NAME STREET ADDRESS STREET ADDRESS 3864 SHERIDAN ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .... Addition TITLE Delete TITLE ☐ Change 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 received tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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