

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90097 009 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # M62971
 1. Entity Name
E F HUTTON REALTY CORPORATION

Principal Place of Business Mailing Address
C/O HAMID R. ABBASSI **C/O HAMID R. ABBASSI**
2000 S. DIXIE HWY., SUITE 100 **2000 S. DIXIE HWY., SUITE 100**
MIAMI FL 33133-2441 **MIAMI FL 33133-2441**

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 **65-0276120** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ABBASSI, ALI
2000 S. DIXIE HWY.
SUITE 100
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name **RAY ABBASSI**
 Street Address (P.O. Box Number is Not Acceptable)
2000 S. Dixie Hwy #100
Miami FLA
 City **FL** Zip Code **33133**

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 DATE **4/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	ABBASSI, ALI	
STREET ADDRESS	2000 S. DIXIE HWY. #100	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABBASSI, RAY	
STREET ADDRESS	2000 S. DIXIE HWY. #100	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RAY ABBASSI (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY ABBASSI (P)	
STREET ADDRESS	2000 S. Dixie Hwy #100	
CITY-ST-ZIP	Miami FLA. 33133	
TITLE	RAY ABBASSI VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY ABBASSI VP.	
STREET ADDRESS	2000 S. Dixie Hwy	
CITY-ST-ZIP	SUITE 100 MIAMI FLA. 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: DATE **4/27/01** TELEPHONE # **(305) 856-5858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)