

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95404

1. Entity Name  
REEF REALTY CORP.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90404 014 \*\*\*150.00

Principal Place of Business  
20801 BISCAYNE BLVD  
SUITE 505  
N. MIAMI FL 33180

Mailing Address  
20801 BISCAYNE BLVD  
SUITE 505  
N. MIAMI FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0068401		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BLVD SUITE 505 N. MIAMI FL 33180				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>			

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZMAN, ALAN M.	NAME	
STREET ADDRESS	502 N HIGHLANDS DRIVE	STREET ADDRESS	20801 Biscayne Blvd., Suite 505
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	Aventura, FL 33180
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMBERG, MALCOLM H.	NAME	
STREET ADDRESS	1771 NORTH VIEW DRIVE, SUNSET ISLAND #1	STREET ADDRESS	20801 Biscayne Blvd., Suite 505
CITY-ST-ZIP	MIAMI BCH FL	CITY-ST-ZIP	Aventura, FL 33180
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMBERG, LYNN W.	NAME	
STREET ADDRESS	3796 N.E. 209TH TERRACE	STREET ADDRESS	20801 Biscayne Blvd., Suite 505
CITY-ST-ZIP	N. MIAMI FL	CITY-ST-ZIP	Aventura, FL 33180
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)