2000 UNIFORM BUSINESS REPORT (UBR)

3,

FILED
May 15, 2000 8:00 am
Secretary of State
03-03-2000 90034 037 ****61.25

DOCUMENT # N96000004303

1. Entity Name

IATSE 477 REALTY CORP.

Principal Place of Business	Mailing Address
10705 NW 33RD STREET SUITE 110 MIAMI FL 33172 US	10705 NW 33RD STREET SUITE 110 MIAMI FL 33172-5905 US

DO NOT WRITE IN THIS SPACE

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 65-0710101 ☐ 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
LOWE, BEN F 10705 NW 33RD STREET SUITE 110 MIAMI FL 33166	Name: MICHAEL J. MCCARTHY Street Address (P.O. Box Number is Not Acceptable): 10705 N.W. 33rd St. STe. 110 City: MIAMI FL Zip Code: 33172

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: Michael J. McCarthy 3/23/00.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COCHEO, THOMAS V 10705 NW 33RD ST MIAMI FL 33172	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZUCKERMAN, NORMAN 10705 NW 33RD ST MIAMI FL 33172	☐ Delete	GEORGE CERCHIAI 9950 S.W. 162nd Street Miami, Fl. 33157	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWE, BEN F 10705 NW 33RD ST MIAMI FL 33172	☐ Delete	MICHAEL J. MCCARTHY 745 N.E. 159 Street No. Miami Beach, Fl.33162	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED George Cerchiai 2/16/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #