

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012491

1. Entity Name

IS IT REAL P.B., INC.

Principal Place of Business

21218 ST. ANDREWS BLVD., PMB 309
BOCA RATON FL 33433

Mailing Address

21218 ST. ANDREWS BLVD., PMB 309
BOCA RATON FL 33433

2. Principal Place of Business

15 IT REAL P.B.

3. Mailing Address

Suite, Apt. #, etc.

3911 TDB RD.

City & State

GREEN ACRES, FLA

City & State

Zip

Country

33467

USA

4. FEI Number

65-0984488

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, ANA MARIA
21218 ST. ANDREWS BLVD., PMB 309
BOCA RATON FL 33433

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 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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ANA MARIA GOLDMAN
7337 ESTRELLA CT
BOCA RATON FLA 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-01

Daytime Phone #

561 906-3509

FILED
May 19, 2001 8:00 am
Secretary of State

04-10-2001 90112 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)