2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90989 034 ***150.00

DOCUMENT # P00000056748

1. Entity Name
MIAMI BEACH LUXURY REALTY, INC.

Principal Place of Business | Mailing Address

C0058816

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1111 KANE CONCOURSE		C/O MILTON RAIJMAN	
Suite, Apt. #, etc. SUITE # 509		Suite, Apt. #, etc. P.O. BOX 402188	
City & State BAY HARBOR, FL.		City & State MIAMI BEACH, FL.	
Zip 33154	Country U.S.	Zip 33140	Country US

4. FEI Number 65-1034501 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ-AGUIAR, HENRY A. ESQ
9415 S.W. 72 STREET
SUITE 111
MIAMI FL. 33173

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, typed or printed name 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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/P/S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILTON RAIJMAN		NAME	
STREET ADDRESS	1111 KANE CONCOURSE #509		STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL. 33154		CITY-ST-ZIP	
TITLE	D/VP/T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LISA RAIJMAN		NAME	
STREET ADDRESS	1111 KANE CONCOURSE #509		STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL. 33154		CITY-ST-ZIP	
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	
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	

CR2E034 (11/00)

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: PRES. MILTON RAIJMAN 4-20-01 305-868-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #