

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90031 014 ***158.75

DOCUMENT # P00000073264

1. Entity Name

TOPAZ REAL ESTATE CORPORATION

Principal Place of Business

**611 LINCOLN ROAD STE 201
 MIAMI BEACH FL 33139**

Mailing Address

**611 LINCOLN ROAD STE 201
 MIAMI BEACH FL 33139**

2. Principal Place of Business

300 71st Street

Suite, Apt. #, etc.

Suite # 527

City & State

MIAMI Beach, FL

Zip

33141

Country

USA

3. Mailing Address

300 71st Street

Suite, Apt. #, etc.

Suite # 527

City & State

MIAMI Beach, FL

Zip

33141

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-102750 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DANCO DEVELOPMENT CORP.
 611 LINCOLN ROAD STE 201
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **SAMUEL DAN**

Street Address (P.O. Box Number is Not Acceptable)

300 71st Street #527

City

MIAMI Beach

FL

Zip Code

33141

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] **SAMUEL DAN, Agent**

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DAN, SAMUEL	
STREET ADDRESS	611 LINCOLN ROAD #201	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDELMAN, JAY	
STREET ADDRESS	20805 NE 8TH STREET #209	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 71st Street #527	
CITY-ST-ZIP	MIAMI Beach, FL 33141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9850 Sunrise Lakes Blvd #204	
CITY-ST-ZIP	SUNRISE, FL 33322	
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		
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 another like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)