

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90242 003 \*\*\*158.75

0023589 AV

**DOCUMENT # P00000105473**

1. Entity Name

**REAL PARTNERSHIP INCORPORATED**

Principal Place of Business

**3501 JACKSON STREET  
 SUITE 409  
 HOLLYWOOD FL 33021-7440**

Mailing Address

**3501 JACKSON STREET  
 SUITE 409  
 HOLLYWOOD FL 33021-7440**

00060198



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3520 JACKSON STREET  
 Suite, Apt. #, etc.  
 SUITE #207**

3. Mailing Address

**3520 JACKSON STREET  
 Suite, Apt. #, etc.  
 SUITE #207**

City & State

**HOLLYWOOD, FL**

City & State

**HOLLYWOOD, FL**

FEI Number

**65-1108085 EIN**

Applied For

Not Applicable

Zip

**33021**

Country

**USA**

Zip

**FL 33021**

Country

**USA**

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

**GLENN, WILLIAM**

**3501 JACKSON STREET  
 SUITE 409  
 HOLLYWOOD FL 33021-7440**

Name

**WILLIAM GLENN**

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

**3520 JACKSON STREET**

**SUITE #207**

City

**HOLLYWOOD**

FL

Zip Code

**33021**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**NO**

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **GLENN, WILLIAM**  
 STREET ADDRESS **3501 JACKSON STREET SUITE 407**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021-7440**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **GLENN, WILLIAM**  
 STREET ADDRESS **3520 JACKSON STREET SUITE 207**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

**WILLIAM J. GLENN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRECTOR REAL PARTNERSHIP, INC.**

Date

Daytime Phone #

**APRIL 11, 2001 954 249-9985**

CR2E034 (5/01)