2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 16, 2001 8:00 am DOCUMENT # P00000110432 Secretary of State ASSOCIATED REAL ESTATE INVESTORS, INC. 02-16-2001 90009 050 ***150.00 Principal Place of Business Mailing Address 600 S.E. 5 AVENUE 600 S.E. 5 AVENUE DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FE 65-1057 City & State City & State Applied For Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name J. REEVE BRIGHT, ESQ. Street Address (P.O. Box Number is Not Acceptable) 135 S.E. 5TH AVENUE **DELRAY BEACH FL 33483** City 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State MGS DENT OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AHMED BENLEMLIH PRESIDENT ☐ Change Addition CRZE034 (10/00) TITLE ☐ Delete TITLE AHMED BENLEMUH NAME 9769 NICKELS BLUD #606 NAME 69 NICKELS BLUD #606 STREET ADDRESS STREET ADDRESS BOINTON BEACH, FL 33436 CITY-ST-ZIP INTON BEACH, PL 33436 CITY-ST-7IP CRETTAL MEASINER ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 attach