
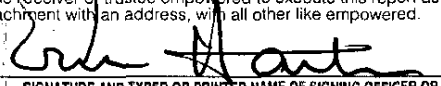


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 045 ***150.00

DOCUMENT # P01000017086			
1. Entity Name 200 REALTY CORP.			
Principal Place of Business 200 N.W. 20TH AVENUE FORT LAUDERDALE, FL 33311		Mailing Address 200 N.W. 20TH AVENUE FORT LAUDERDALE, FL 33311	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BABBITT, SCOTT B 800 W. CYPRESS CREEK ROAD SUITE 502 FORT LAUDERDALE, FL 33309		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! - FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, GEORGE 200 N.W. 20TH AVENUE FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, ERWIN 200 N.W. 20TH AVENUE FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DIRECTOR		Date: 8/11/04 954-463-0222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

44051920



08062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1080100 Applied For
Not Applicable

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

Attachment 44051920

business entity, an individual must sign on their behalf. A business-entity cannot serve as its own RA.

Registered Agent Signature

Att B. Pabitt

#B1000017086

Continue Reset

Start Over

Sunbiz Home Page

Public Access Help

Attachment
44051920
Division of Corporations

Annual Report

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Document Number
P01000017086
Business Entity Name
200 REALTY CORP.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number 651080100
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address 200 N.W. 20TH AVENUE
Suite, Apt. #, etc.
City, State FORT LAUDERDALE FL
Zip Code & Country 33311

Mailing Address

Address 200 N.W. 20TH AVENUE
Suite, Apt. #, etc.
City, State FORT LAUDERDALE FL
Zip Code & Country 33311

Name And Address of Registered Agent

Name (Last, First, Middle, Title) BABBITT SCOTT B
-or- RA Business Name
Address 800 W. CYPRESS CREEK ROAD
Suite, Apt. #, etc. SUITE 502
City, State FORT LAUDERDALE FL
Zip Code & Country 33309 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a