FILED
Jun 11, 2002 8:00 am
Secretary of State
05-16-2002 90049 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059605

1. Entity Name

MULTIPLE LISTER REALTY INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6635 W. Commercial #203	6635 W. Commercial #203
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC FL	City & State: TAMARAC FL
Zip: 33319 Country: BROWARD	Zip: 33319 Country: BROWARD

4. FEI Number: 65-1115213 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sid Rauch

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

6635 W. Commercial Blvd #203

City: TAMARAC FL Zip Code: 33319

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: ADDITION DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER Sid Rauch 6635 W. Commercial #203 TAMARAC, FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDITION →
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER STACEY Robin Jerome 5906 Blue Beech Ct TAMARAC, FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEONARD SPATZ, Pres. VP, SEC 9050 PINES BLVD. PEMBROKE PINES FL 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02 954-394-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #