

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90257 024 ***150.00

DOCUMENT # P01000061125

1. Entity Name
SAN MICHELE REALTY, INC.

Principal Place of Business

**4000 N. FEDERAL HWY., SUITE 201
 BOCA RATON FL 33431**

Mailing Address

**4000 N. FEDERAL HWY., SUITE 201
 BOCA RATON FL 33431**

same



2. Principal Place of Business

3839 NW Boca Raton Blvd

3. Mailing Address

Suite, Apt. #, etc.

100-A

City & State

Boca Raton, FL

Zip

33431

6. Name and Address of Current Registered Agent

LEVINE, JEFFREY A

4000 N. FEDERAL HWY., SUITE 201

BOCA RATON FL 33431

4. FEI Number

05-1125150

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 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.

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 \$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 **D** ☒ Delete
 NAME **LEVINE, JEFFREY A**
 STREET ADDRESS **4000 N. FEDERAL HWY., SUITE 201**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **Robert Gordon**
 STREET ADDRESS **3839 NW Boca Raton Blvd #100-A**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **VPED** ☐ Change ☒ Addition
 NAME **Paul Asfahl**
 STREET ADDRESS **3839 NW Boca Raton Blvd Suite 100A**
 CITY-ST-ZIP **Boca Raton, FL 33431**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

561-338-8900

Daytime Phone #

CR2E034 (9/01)