

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90368 012 ***550.00

DOCUMENT # P01000062665

1. Entity Name
FLORIDA REAL ESTATE BROKERS CORPORATION

Principal Place of Business
**115 ROYAL PALM DRIVE
 FORT LAUDERDALE FL 33301**

Mailing Address
**115 ROYAL PALM DRIVE
 FORT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1975 East Sunrise Blvd

3. Mailing Address
1975 E. Sunrise Blvd

Suite, Apt. #, etc.
Suite 701

Suite, Apt. #, etc.
Suite 701

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

4. FEI Number ☒ Applied For
 Not Applicable

Zip
33304

Country
Broward

Zip
33304

Country
Broward

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 1000 WEST AVENUE SUITE 1114
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
Cindy Savant
 Street Address (P.O. Box Number is Not Acceptable)
115 Royal Palm Drive
 City
Fort Lauderdale FL Zip Code
33301

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 **[Signature]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
 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 13, 2002 Fee will be \$750.00
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
 NAME
SAVANT, CINDY
 STREET ADDRESS
115 ROYAL PALM DRIVE
 CITY-ST-ZIP
FORT LAUDERDALE FL 33301

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

7/8/2002 954 868 9700

Date

Daytime Phone #

CR2E034 (4/02)