

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90100 033 ***150.00

DOCUMENT # P01000064539

1. Entity Name

FLORIDA BUSINESS BROKERS & REALTY, INC.

Principal Place of Business

**8211 WEST BROWARD BLVD., SUITE 410
PLANTATION FL 33324**

Mailing Address

**8211 WEST BROWARD BLVD., SUITE 410
PLANTATION FL 33324**

2. Principal Place of Business

8211 W. Broward Blvd

3. Mailing Address

8211 W Broward Blvd

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

Suite 350

City & State

Plantation, Florida

City & State

Plantation, Florida

Zip

Country

33324

Zip

Country

33324



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1124260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTTA, FRANK

**8211 WEST BROWARD BLVD., SUITE 350
PLANTATION FL 33324**

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: **PD** ☐ Delete
NAME: **GUTTA, FRANK**
STREET ADDRESS: **8211 WEST BROWARD BLVD., SUITE 350**
CITY-ST-ZIP: **PLANTATION FL 33324**

TITLE: **VPD** ☐ Delete
NAME: **BRINKLEY, RICHARD**
STREET ADDRESS: **8211 WEST BROWARD BLVD., SUITE 350**
CITY-ST-ZIP: **PLANTATION FL 33324**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)