

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90012 011 \*\*\*150.00  
 09-08-2002 90088 014 \*\*\*550.00

**DOCUMENT # P01000100152**

**1. Entity Name**  
**MOUNTROYAL REALTY GROUP IV, INC.**

**Principal Place of Business**  
 1920 EAST HALLANDALE BEACH BLVD SUITE 808  
 HALLANDALE FL 33009

**Mailing Address**  
~~1920 EAST HALLANDALE BEACH BLVD SUITE 808~~  
~~HALLANDALE FL 33009~~  
**2208 S.W. 8th St.**  
**MIAMI, FL. 33135**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**2208 S.W. 8th Street**  
 Suite Apt. #, etc.  
**Suite 101-A**

**City & State**  
**Miami**

**Zip**  
**FL. 33135**

**Country**  
**USA**

**4. FEI Number**  
**04-3679221**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SILVERSTEIN, BARRY D ESQ**  
**2999 NE 191 STREET SUITE 704**  
**AVENTURA FL 33180**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                       |                                                  |                                 |
|-----------------------|--------------------------------------------------|---------------------------------|
| <b>TITLE</b>          | <b>D</b>                                         | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>WIZNITZER, DAVID</b>                          |                                 |
| <b>STREET ADDRESS</b> | <b>1920 EAST HALLANDALE BEACH BLVD SUITE 808</b> |                                 |
| <b>CITY-ST-ZIP</b>    | <b>HALLANDALE FL 33009</b>                       |                                 |
| <b>TITLE</b>          |                                                  | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                                  |                                 |
| <b>STREET ADDRESS</b> |                                                  |                                 |
| <b>CITY-ST-ZIP</b>    |                                                  |                                 |
| <b>TITLE</b>          |                                                  | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                                  |                                 |
| <b>STREET ADDRESS</b> |                                                  |                                 |
| <b>CITY-ST-ZIP</b>    |                                                  |                                 |
| <b>TITLE</b>          |                                                  | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                                  |                                 |
| <b>STREET ADDRESS</b> |                                                  |                                 |
| <b>CITY-ST-ZIP</b>    |                                                  |                                 |
| <b>TITLE</b>          |                                                  | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                                  |                                 |
| <b>STREET ADDRESS</b> |                                                  |                                 |
| <b>CITY-ST-ZIP</b>    |                                                  |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                                                                   |
|-----------------------|-------------------------------------------------------------------|
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |                                                                   |
| <b>STREET ADDRESS</b> |                                                                   |
| <b>CITY-ST-ZIP</b>    |                                                                   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |                                                                   |
| <b>STREET ADDRESS</b> |                                                                   |
| <b>CITY-ST-ZIP</b>    |                                                                   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |                                                                   |
| <b>STREET ADDRESS</b> |                                                                   |
| <b>CITY-ST-ZIP</b>    |                                                                   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |                                                                   |
| <b>STREET ADDRESS</b> |                                                                   |
| <b>CITY-ST-ZIP</b>    |                                                                   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |                                                                   |
| <b>STREET ADDRESS</b> |                                                                   |
| <b>CITY-ST-ZIP</b>    |                                                                   |

**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 person or persons 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:** SILVERSTEIN, BARRY D ESQ  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9.03.2002 305-649-6089**  
 Date Daytime Phone #

CR2E034 (4/02)