

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-24-2003 90214 048 ***150.00

DOCUMENT # P02000032322

1. Entity Name
AMERIVEST REALTY, INC.



Principal Place of Business
1 SE 4 AVE. STE 210
DELRAY BEACH FL 33483

Mailing Address
1 SE 4 AVE. STE 210
DELRAY BEACH FL 33483



3. Principal Place of Business

5455 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE I

City & State

BOCA RATON

Zip

FL

Country

DAUM BEACH

3. Mailing Address

5455 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE I

City & State

BOCA RATON

Zip

FL

Country

DAUM BEACH

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0558995

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, FRANK

1 SE 4 AVE, STE 210

DELRAY BEACH FL 33483

Name

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

5455 N. FEDERAL HWY

SUITE I

City

BOCA RATON

FL 33487

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SPALLITTA, A. CHARLES
STREET ADDRESS 2719 DRACAENA CT
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 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
FRANK L. RUBIN 7/19/03 561-988-9335

Date

Daytime Phone #

CR2E034 (10/02)