

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000071064 1. Entity Name MULTIPLE REAL ESTATE SERVICES OF FLORIDA, INC.						Apr 24, 2006 08:00 AM Secretary of State	
Principal Place of Business 5301 N. FEDERAL HWY. STE. 130 BOCA RATON, FL 33487				Mailing Address 5301 N. FEDERAL HWY. STE. 130 BOCA RATON, FL 33487			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number APPLIED FOR				Applied Not App			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHNEIDERMAN, LES 5301 N. FEDERAL HWY. STE. 130 BOCA RATON, FL 33487				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 _____ (NOTE: Registered Agent signature required when reinstating)							
DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SCHNEIDERMAN, LES 5301 N. FEDERAL HWY., SUITE 130 BOCA RATON, FL 33487				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000528504 ☐ Change ☐ 05/05/06-80041-001 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X 4-1A-06