

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032218

1. Entity Name

STEPHENSON REALTY, INC.

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90090 028 \*\*\*150.00

Principal Place of Business

Mailing Address

~~10 FAIRWAY DR~~  
~~STE #211~~  
~~DEERFIELD BCH FL 33441~~  
~~US~~

~~10 FAIRWAY DR~~  
~~STE #211~~  
~~DEERFIELD BCH FL 33445-7025~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

20535 N.W. 2nd Ave.

20535 N.W. 2nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 207

Suite # 207

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33169

U.S.

Zip

Country

33169

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0406959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENSON, DINAH  
~~10 FAIRWAY DR~~  
~~STE #211~~  
~~DEERFIELD BCH FL 33441~~

Name

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

20535 N.W. 2nd Avenue

Suite # 207

City

Miami

FL

Zip Code  
33169

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

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

DATE

4/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete  
NAME STEPHENSON, DWIGHT  
STREET ADDRESS ~~10 FAIRWAY DR, #211~~  
CITY-ST-ZIP ~~DEERFIELD BCH FL 33441~~

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 20535 N.W. 2nd Avenue, Suite #207  
CITY-ST-ZIP Miami, FL 33169

TITLE PSD ☐ Delete  
NAME STEPHENSON, DINAH  
STREET ADDRESS ~~10 FAIRWAY DR, STE 211~~  
CITY-ST-ZIP ~~DEERFIELD BCH FL 33441~~

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 20535 N.W. 2nd Avenue, Suite #207  
CITY-ST-ZIP Miami, FL 33169

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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:

*Dinah Stephenson, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

561-496-3778

CR2E034 (9/99)