

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000045755**

1. Entity Name
S.B. RE INVESTMENTS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90062 041 ***150.00

Principal Place of Business
**6550 NORTH FEDERAL HWY.
STE. 340
FT. LAUDERDALE FL 33308
US**

Mailing Address
**6550 NORTH FEDERAL HWY.
STE. 340
FT. LAUDERDALE FL 33308
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite 240

3. Mailing Address
Suite 240

Suite, Apt. #, etc.
Suite 240

Suite, Apt. #, etc.
Suite 240

City & State
City & State

Zip
Zip

Country
Country

4. FEI Number **65-0423067**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CANTOR, SAMUEL J
1489 WEST PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name
Name

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

City
City

Zip Code
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 re-stating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D BISTRICER, SIMONE 6550 NORTH FEDERAL HWY., STE. 340 FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6550 N. Federal Hwy, Suite 240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Heaman B. Stricer 6550 North Federal Highway, Suite 240 Ft Lauderdale, Florida 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Secretary ROBERT BLATT 6550 North Federal Highway, Suite 240 Ft Lauderdale, Florida 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (10/00)