FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 08, 2003 8:00 am Secretary of State P93000045755 DOCUMENT # 1. Entity Name 04-08-2003 90090 029 ***150.00 S.B. RE INVESTMENTS, INC. Principal Place of Business Mailing Address 6550 NORTH FEDERAL HWY. 6550 NORTH FEDERAL HWY. STE. 240 STE. 240 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 us US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0423067 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANTOR, SAMUEL J Street Address (P.O. Box Number is Not Acceptable) 6700 BROKEN SOUND PARKWAY NW **STE 200 BOCA RATON FL 33487** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME **BISTRICER, SIMONE** NAME STREET ADDRESS 6550 N. FEDERAL HWY, SUITE 240 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change D NAME NAME BISTRICER, HERMAN STREET ADDRESS STREET ADDRESS 6550 N. FEDERAL HIGHWAY, SUITE 240 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Delete TITLE TITLE **VPS** ☐ Change ☐ Addition NAME NAME **BLATT, ROBERT** STREET ADDRESS STREET ADDRESS 6550 N. FEDERAL HIGHWAY, STE 240 CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. 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 supplied either that 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachmi

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ike empowered

Daytime Phone #