

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048604

1. Entity Name

COMMERCIAL REAL ESTATE CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90190 008 ***150.00

Principal Place of Business

Mailing Address

7200 NW 7TH STREET
 #333
 MIAMI FL 33126
 US

7200 NW 7TH STREET
 #333
 MIAMI FL 33126-2941
 US

103040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 SE 15th ROAD #

200 SE 15th ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16-D

16-D

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number 65-0428362

Applied For
 Not Applicable

Zip 33129

Country USA

Zip 33129

Country USA

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

ZIV, JAY
 7200 NW 7TH STREET
 #333
 MIAMI FL 33178

Name JAY ZIV
 Street Address (P.O. Box Number is Not Acceptable)
 200 SE 15th ROAD
 16-D
 City MIAMI FL Zip Code 33129

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 reinstating)

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, 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 D ☐ Delete
 NAME ZIV, JAY
 STREET ADDRESS 7200 NW 7TH STREET SUITE #333
 CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
 NAME JAY ZIV
 STREET ADDRESS 200 SE 15th ROAD #16-D
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ Delete
 NAME HALE, CURTIS B
 STREET ADDRESS 15901 W TROON CIRCLE
 CITY-ST-ZIP MIAMI LAKES FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)