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May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058374 (8)

1. Corporation Name
UNIVERSITY PARK REALTY, INC.

Principal Place of Business
2500 E HALLANDALE BEACH BLVD
STE 500
HALLANDALE FL 33009

Mailing Address
2500 E HALLANDALE BEACH BLVD
STE 500
HALLANDALE FL 33009-4898



3. Date Incorporated or Qualified 08/16/1993
3a. Date of Last Report 03/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0446646		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

GURLAND, BARRY T
2500 E HALLANDALE BCH BLVD
STE 500
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name Mr. Charles Simon
82 Street Address (P.O. Box Number is Not Acceptable) 1550 Quayside Terrace
83
84 City Miami FL 85 Zip Code 33138

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mr. Barry T. Gurland / rlb 4/30/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GURLAND, BARRY T ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GURLAND, BARRY T	1.2 NAME	
STREET ADDRESS	2500 E HALLANDALE BCH BLVD #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	ND + P Simon, Charles ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Simon, Charles	2.2 NAME	
STREET ADDRESS	1550 Quayside Terrace	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33138	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mr. Charles Simon / rlb 4/30/97 954.967.0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)