## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P9400007394 1. Entity Name DONDI REALTY GROUP, INC. 05-03-2001 90094 006 \*\*\*150.00 Principal Place of Business Mailing Address 170 N.E. 6TH AVE. P.O. BOX 1085 **DELRAY BEACH FL 33447 DELRAY BEACH FL 33483** -2. Principal Place of Business 3. Mailing Address ---4128 Frances Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0516079 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 682 isa HESS. LISA Street Address (P.O. Box Number is Not Acceptable) 170 N.E. 6TH AVENUE **DELRAY BEACH FL 33483** Hances Zip Code City <u>33445</u> 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE Hess Daniel NAME HESS. DANIEL NAME 4128 Frances Drive STREET ADDRESS STREET ADDRESS 170 NE 6TH AVENUE CITY-ST-ZIP Delray Beach, FL CITY-ST-ZIP **DELRAY BEACH FL** ☐ Addition TITI F Delete TITLE Hess, Daniel NAME HESS, LISA NAME 4178 Frances Drive STREET ADDRESS STREET ADDRESS 170 N.E. 6TH AVE. CITY-ST-ZIP CITY-ST-ZIF **DELRAY BEACH FL 33483** Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐\_Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. ess SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR P