

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90084 014 \*\*\*150.00

**DOCUMENT # P94000039147**

1. Entity Name

**SBDG REALTY, INC.**

Principal Place of Business

**C/O ROBERT RAESSLER  
 3025 ROYAL PALM AVENUE  
 MIAMI BEACH FL 33140  
 US**

Mailing Address

**250 AUSTRALIAN AVENUE  
 1550 CLEARLAKE CENTRE  
 WEST PALM BEACH FL 33401  
 US**

2. Principal Place of Business

**3616 FLAMINGO DRIVE**

Suite, Apt. #, etc.

**MIAMI BEACH, FLORIDA**

City & State

**MIAMI BEACH, FL**

3. Mailing Address

**250 Australian Avenue South**

Suite, Apt. #, etc.

**1550 Clearlake Centre**

City & State

**West Palm Beach, FL**

Zip

**33140**

Country

**DADE**

Zip

**33401**

Country

**US**

4. FEI Number

**65-0571959**

Applied For

Not Applicable

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

**SCHNEIDER, JOHN C ESQ.  
 250 AUSTRALIAN AVENUE  
 1550 CLEARLAKE CENTRE  
 WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1550 Clearlake Centre**

**250 Australian Avenue South**

City

**West Palm Beach**

**FL**

Zip Code  
**33401**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RAESSLER, ROBERT V.</b>	
STREET ADDRESS	<b>3025 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>RAESSLER, R. CHRISTOPHER</b>	
STREET ADDRESS	<b>701 LINCOLN ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>GUZMAN, ANDRES O</b>	
STREET ADDRESS	<b>701 LINCOLN ROAD, SUITE 105</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>701 LINCOLN ROAD SUITE 105</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert V. Raessler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01**  
 Date

**305-672-8800**  
 Daytime Phone #

CR2E034 (10/00)