

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90164 049 ***150.00

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

DOCUMENT # P94000048955		
1. Entity Name CONSOLIDATED FLORIDA REALTY, INC.		
Principal Place of Business 4801 SO. UNIVERSITY DRIVE STE. 200 STE 2000 FORT LAUDERDALE, FL 33328		Mailing Address 4801 SO. UNIVERSITY DRIVE STE. 200 STE 2000 FORT LAUDERDALE, FL 33328
2. Principal Place of Business 4801 S. University Dr. Suite, Apt. #, etc. Suite 132 City & State Fort Lauderdale, FL Zip 33328		3. Mailing Address 4801 S. University Dr. Suite, Apt. #, etc. Suite 132 City & State Fort Lauderdale, FL Zip 33328
4. FEI Number 65-0503633		Applied For ☒ CHECK HERE IF MAKING CHANGES ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARANT, GRANT L 4801 SO. UNIVERSITY DRIVE STE. 200 FORT LAUDERDALE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when appointing)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARANT, GRANT L 6870 SW 38TH TERRACE FORT LAUDERDALE, FL 33328 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONENFELD, CHERYL 7770 NW 60TH STREET LAUDERHILL, FL 33361 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.		
SIGNATURE: <i>Grant L. Marant</i>		4/21/03

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CR2EC04 (10/02)