## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 20, 2001 8:00 am DOCUMENT # P94000062355 **Secretary of State** DAKOTA REAL ESTATE & MANAGEMENT, INC. 03-20-2001 90082 006 \*\*\*150.00 Principal Place of Business Mailing Address 4731 W. ATLANTIC AVENUE 4731 W. ATLANTIC AVENUE **DELRAY BEACH FL 33445 DELRAY BEACH FL 33445** us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0515992 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLESPIE, R B III Street Address (P.O. Box Number is Not Acceptable) 1515 S FEDERAL HIGHWAY SUITE 300 **BOCA RATON FL 33432** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Change Addition TITLE CIAMBRONE, MARILYN NAME NAME 4340 FRANCES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change IEROPOLI, LARRY NAME NAME 2574 N.W. 38TH STREET STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP Change - 🔲 Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IN AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

561-495-9400

Daytime Phone #

R2F034 (10)(