2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90067 048 ***150.00

DOCUMENT # P95000014552

1. Entity Name
CLASBY MEYER REAL ESTATE OF CORAL GABLES INC.

Principal Place of Business	Mailing Address
7800 RED ROAD ~~#126~~ ~~SOUTH MIAMI FL 33143~~ US	7800 RED ROAD ~~#126~~ ~~SOUTH MIAMI FL 33143~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9719 So Dixie Hy		9719 So. Dixie	
Suite, Apt. #, etc.: 15		Suite, Apt. #, etc.: 15	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33156	Country: Miami-Dade	Zip: 33156	Country: Miami-Dade

4. FEI Number 59-2044078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLASBY, EUGENE
2504 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MEYER, LYNN ~~7800 RED ROAD #126~~ 9719 So Dixie #15 ~~SOUTH~~ MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CLASBY, NANCY 9719 So Dixie #15 ~~7800 RED ROAD #126~~ ~~SOUTH~~ MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Nancy Clasby (NANCY CLASBY) 2-26-02 305-667-8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #