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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023166

of the corporation or the receiver or true changed, or on an attachment with an ad

SIGNATURE:

Sep 18, 2001 8:00 am Secretary of State 09-18-2001 90015 010 ***150.00 BROKER BOB PROPERTIES, INC. Mailing Address Principal Place of Business 3109 BAYVIEW DRIVE 3109 BAYVIEW DRIVE FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0566130 Not Applicable Country \$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 WYMAN, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 3109 BAYVIEW DRIVE FT LAUDERDALE FL 33306 City 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME WYMAN, ROBERT NAME 3109 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33306 SEC. MES. MARICHN MIRUE 3109 BAYVIEW DR. Addition Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS FT. LAWDERPALE, FL 33306 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition 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-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if



Sept 12, 2001
Box65791
Whif Bus. Report Silving

8.0. Box 1500
Tallahassee, El. 32302

To Whom it MAY CONCERN:

Due to illness I was unable

To send in the 2001 Uniform

Bus. Report & check—

Having cancer treatments have

not been easy—

Thanks,

Marilen Mirus