

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90349 001 ***150.00
 02-04-2002 90349 002 *****8.75

DOCUMENT # P95000031207

1. Entity Name
EXCLUSIVE REALTY ASSOCIATES, INC.

Principal Place of Business
817 DONALD ROSS RD
JUNO BCH FL 33408
US

Mailing Address
817 DONALD ROSS RD
JUNO BCH FL 33408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0589325**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRAMER, DARYL B ESQ.
250 AUSTRALIAN AVENUE SOUTH STE 703
WEST PALM BEACH FL 33401

Name **DARYL CRAMER & ASSOCIATES, P.A.**
 Street Address (P.O. Box Number is Not Acceptable) **515 N. PALMER DR.**
SUITE 910
 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]* **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, 2002 Fee will be \$550.00.
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$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 LEIBOWITZ, MICHAEL L 1419 14TH TERRACE PALM BEACH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBOWITZ, ANDREW A 1419 14TH TERRACE PALM BEACH GARDENS FL 33418	☒ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P.S Leibowitz, Michael L. 812 Steeplechase Dr. Palm Beach Gardens, FL 33418	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.T Leibowitz, Barbara 3901 Le Pont Dr. Palm Beach Gardens, FL 33410	☐ 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

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** **01/17/02** **DAYTIME PHONE #** **061627-5600**

CR2E034 (9/01)