

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042744

1. Entity Name

MEL SCHMITT REALTY INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90027 047 ***158.75

04729

Principal Place of Business
RURAL ROUTE 1
BOX 285
MICANOPY FL 32667

Mailing Address
RURAL ROUTE 1
BOX 285
MICANOPY FL 32667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
437 41st St.

3. Mailing Address
437 41st St.

Suite, Apt. #, etc.
240

Suite, Apt. #, etc.
240

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number 59-3317096

Applied For
Not Applicable

Zip
33140

Country
USA

Zip
33140

Country
USA

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

305-672-9200 MGMT INC
235 LINCOLN RD
#204
MIAMI BEACH FL 33139

Name
305-672-9200 Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
437 41st St. #200
Miami Beach, FL 33140
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

Signature, typed or printed name of registered agent and title if applicable.

Pres./305-672-9200 Management, Inc. 4/25/01

(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, 2001 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
P SCHMITT, R S
7001 SW 30TH WAY/ PO BOX 12857
GAINESVILLE FL 32608 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
437 Arthur Godfrey RD
Miami Beach, FL 33140
P Schmitt, RS ☒ 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
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Pres. 4/25/01

305-672-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)