

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90060 039 ***550.00

DOCUMENT # P95000066207

1. Entity Name

FLORIDA INVESTMENT REALTY MANAGEMENT COMPANY, INC.

Principal Place of Business

12631 WHITE CORAL DRIVE
 WELLINGTON FL 33414

Mailing Address

12631 WHITE CORAL DRIVE
 WELLINGTON FL 33414

2. Principal Place of Business

4575 WEST LYCONE
 Suite, Apt. #, etc. #107

City & State

LAKE WORTH FL.

Zip

33467

Country

PB

3. Mailing Address

4575 WEST LYCONE LAKES
 Suite, Apt. #, etc. DIVD #107

City & State

LAKE WORTH FL.

Zip

33467

Country

PB



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0614690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSS, MALCOLM K
 12631 WHITE CORAL DRIVE
 WELLINGTON FL 33414

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE D ☐ Delete
 NAME SUSS, MALCOLM
 STREET ADDRESS 12631 WHITE CORAL DRIVE
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Delete
 NAME SUSS, IRENE
 STREET ADDRESS 12631 WHITE CORAL DRIVE
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME ~~SUSS~~ SUSS MALCOLM
 STREET ADDRESS 4575 WEST LYCONE LAKES
 CITY-ST-ZIP #107 BLVD
 LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition
 NAME SUSS IRENE
 STREET ADDRESS 4575 WEST LYCONE LAKES BLVD
 CITY-ST-ZIP #107
 LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (4/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02 (561) 358-8741