

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 91173 001 \*\*\*450.00

**DOCUMENT # P95000068212**

1. Entity Name  
**ADLER REALTY CO.**

Principal Place of Business 9350 SUNSET DR SUITE 100 MIAMI FL 33173	Mailing Address 9350 SUNSET DR SUITE 100 MIAMI FL 33173-3245
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**15513**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0611999</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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, 2000 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	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>CARR, JAMES M</b>	
STREET ADDRESS <b>9350 SUNSET DR</b>	
CITY-ST-ZIP <b>MIAMI FL 33173</b>	
TITLE <b>VS T</b>	<input type="checkbox"/> Delete
NAME <b>EISENACHER, HAROLD</b>	
STREET ADDRESS <b>9350 SUNSET DR</b>	
CITY-ST-ZIP <b>MIAMI FL 33173</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MCCRAW, MICHAEL</b>	
STREET ADDRESS <b>2740 N DALLAS PKWY STE 200</b>	
CITY-ST-ZIP <b>PLANO TX 75093</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>CHERNYS, LEONARD</b>	
STREET ADDRESS <b>9350 SUNSET DR STE 100</b>	
CITY-ST-ZIP <b>MIAMI FL 33173</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>IBARRIA, DIANA</b>	
STREET ADDRESS <b>9350 SUNSET DR STE 100</b>	
CITY-ST-ZIP <b>MIAMI FL 33173</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ANDREAS STENGOS</b>	
STREET ADDRESS <b>20, SOLOMOU STR ALIMOS</b>	
CITY-ST-ZIP <b>174 56 ATHENS, GREECE</b>	
TITLE <b>VST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: Harold L. Eisenacher **5/1/00** **305-595-3281**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)