

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 65-0611999	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 P	<input type="checkbox"/> Delete
NAME CARR, JAMES M	
STREET ADDRESS 9350 SUNSET DR	
CITY-ST-ZIP MIAMI FL 33173	
TITLE VS T	<input type="checkbox"/> Delete
NAME EISENACHER, HAROLD	
STREET ADDRESS 9350 SUNSET DR	
CITY-ST-ZIP MIAMI FL 33173	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MCCRAW, MICHAEL	
STREET ADDRESS 2740 N DALLAS PKWY STE 200	
CITY-ST-ZIP PLANO TX 75093	
TITLE V	<input type="checkbox"/> Delete
NAME CHERNYS, LEONARD	
STREET ADDRESS 9350 SUNSET DR STE 100	
CITY-ST-ZIP MIAMI FL 33173	
TITLE V	<input type="checkbox"/> Delete
NAME IBARRIA, DIANA	
STREET ADDRESS 9350 SUNSET DR STE 100	
CITY-ST-ZIP MIAMI FL 33173	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANDREAS STENGOS	
STREET ADDRESS 20, SOLOMOU STR ALIMOS	
CITY-ST-ZIP 174 56 ATHENS, GREECE	
TITLE VST	<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)