## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with

SIGNATURE AND TYPED OF

SIGNATURE:

## FILED DOCUMENT # **P95000070168** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name FEDERAL INVESTMENTS COMPANY REALTY, INC. 04-14-2000 90112 010 \*\*\*150.00 Principal Place of Business Mailing Address 353 W 47TH ST 353 W 47TH STREET MIAMI BEACH FL 33140-3153 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0719941 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRANITUR, ERIC E Street Address (P.O. Box Number is Not Acceptable) 325 MERIDIAN AVE MIAMI BEACH FL 33139 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE BARROUKH, YVES R NAME NAME STREET ADDRESS STREET ADDRESS 353 W 47TH ST, #1F CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP : Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Defete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP loss of qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information occurrie and that my signature shall have the same legal effect as if made under oath; that I am an officer or director xeef the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the empowered. 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true ar

R. BARROUKh