2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90036 011 ***150.00

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DOCUMENT # P95000083367

1. Entity Name
500 REALTY CORPORATION

Principal Place of Business	Mailing Address
1000 QUAYSIDE TERRACE #1804 MIAMI FL 33138	1000 QUAYSIDE TERRACE #1804 MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11601 Biscayne Blvd.	11601 Biscayne Blvd.
Suite, Apt. #, etc.: Suite 200 B	Suite, Apt. #, etc.: Suite 200 B
City & State: Miami, FL	City & State: Miami, FL
Zip: 33181 Country:	Zip: 33181 Country:

4. FEI Number 65-0619726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELFMAN, ROBERT G
1000 QUAYSIDE TERRACE
#1804
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name: address only
Street Address (P.O. Box Number is Not Acceptable): 11601 Biscayne Blvd Suite 200 B
City: Miami FL Zip Code: 33181

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: Robert G Elfman, PRESIDENT DATE: 4/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ELFMAN, ROBERT G 1000 QUAYSIDE TERRACE #1804 MIAMI FL 33138 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Change address only ELFMAN, ROBERT G. 11601 Biscayne Blvd. Suite 200B Miami, FL 33181 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Robert G Elfman 4/6/01 305-895-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #