FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90055 009 ***150.00

DOCUMENT # P95000083367

1. Entity Name
500 REALTY CORPORATION

DO NOT WRITE IN THIS SPACE

653343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 QUAYSIDE TERRACE	1000 QUAYSIDE TERRACE
Suite, Apt. #, etc. #810	Suite, Apt. #, etc. #810
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33138 Country	Zip 33138 Country

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

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

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7. Name and Address of Current Registered Agent

Name ROBERT G. ELFMAN

Street Address (P.O. Box Number is Not Acceptable) 1000 QUAYSIDE TERRACE #810

City MIAMI FL Zip Code 33138

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 4/22/02
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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
NAME	ELFMAN, ROBERT G
STREET ADDRESS	1000 QUAYSIDE TERRACE #810
CITY-ST-ZIP	MIAMI, FL 33138

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G Elfman 4/22/01 305-807-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #