

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 24, 2001 8:00 am
Secretary of State

04-24-2001 90304 023 ***150.00

DOCUMENT # P96000005102

1. Entity Name

SCHRAMA REALTY, INC.

Principal Place of Business

Mailing Address

**3017 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33308**

**3017 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

**92 Hendricks Ave #4
 Suite, Apt. #, etc. 4**

**92 Hendricks Ave.
 Suite, Apt. #, etc. #4**

City & State

City & State

Fort Lauderdale Florida

Fort Lauderdale Florida

Zip

Country

Zip

Country

FL 33301

USA

FL 33301

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TERMINELLO, LOUIS J
 2700 S.W. 37TH AVENUE
 MIAMI FL 33133**

Name **BIPE INC**

Street Address (P.O. Box Number is Not Acceptable)

6030 NW 88th Way E-1

City **Fort Lauderdale FL**

Zip Code **33309**

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 **[Signature] R SCHRAMA**

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**[Signature] 5-15-01
 JERRY STADTMILLER**

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	PSTD I	<input type="checkbox"/> Delete
NAME	SCHRAMA, ROBERTUS M	
STREET ADDRESS	3017 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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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)(f), 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:

[Signature] R SCHRAMA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R SCHRAMA

5/12/01

954 467 9350

CR2E034 (10/00)