

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90033 008 ***150.00

DOCUMENT # P96000005102

1. Entity Name

SCHRAMA REALTY, INC.



Principal Place of Business

92 HENDRICKS ISLE
4
FORT LAUDERDALE FL 33301
US

Mailing Address

92 HENDRICKS ISLE
4
FORT LAUDERDALE FL 33301
US

2. Principal Place of Business

3017 E. Commercial Blvd.

3. Mailing Address

3017 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0634780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIPE, INC.
6030 NW 88TH WAY G-1
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Edward J. Jennings

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

200 S.E. 18 Court

City

Fort Lauderdale

FL

Zip Code

33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward J. Jennings

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME SCHRAMA, ROBERTUS M
STREET ADDRESS 3017 E. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ Delete
NAME PHILLIPS, JOHN
STREET ADDRESS 92 HENDRICKS ISLE # 6
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

954 7764282

Daytime Phone #