

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90930 039 \*\*\*150.00

**DOCUMENT # P96000005965**

1. Entity Name  
**BILL KELLEHER REALTY, INC.**

Principal Place of Business <b>400 KINGS POINT DRIVE          LOBBY FLOOR          MIAMI BEACH FL 33180</b>	Mailing Address <b>400 KINGS POINT DRIVE          LOBBY FLOOR          MIAMI BEACH FL 33160-4776</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0773602</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**DENBERG, MICHAEL B**  
**2875 NE 191ST STREET**  
**SUITE 500**  
**AVENTURA FL 33180**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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)

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, 2000 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**

TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SOLARES, NIKOL</b>
STREET ADDRESS	<b>9007 DICKENS AVE</b>
CITY-ST-ZIP	<b>SURFSIDE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>LUNA, ALICIA</b>
STREET ADDRESS	<b>11043 S.W. 16 MANOR</b>
CITY-ST-ZIP	<b>DAVIE FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>LUNA, MAGDALENA</b>
STREET ADDRESS	<b>11043 S.W. 16TH MANOR</b>
CITY-ST-ZIP	<b>DAVIE FL</b>
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	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Patricia Kelleher</b>
STREET ADDRESS	<b>19821 N E 21 Ct.</b>
CITY-ST-ZIP	<b>N. miami Beach, FL 33179</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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: Patricia Kelleher Broker Date: 4-25-00 Daytime Phone #: 305 940 6911

CR2E034 (9/99)