

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014301

1. Entity Name  
**FIRST COMMERCIAL REALTY, INC.**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90100 009 \*\*\*150.00

Principal Place of Business  
**1400 N.W. 107TH AVENUE  
MIAMI FL 33172**

Mailing Address  
**1400 N.W. 107TH AVENUE  
MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0083212</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI FL 33172</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADLER, MICHAEL M</b>			NAME			
STREET ADDRESS	<b>1400 NW 107TH AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	DEV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEVY, JOEL</b>			NAME			
STREET ADDRESS	<b>1400 NW 107TH AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARRIZURIETA, LUIS</b>			NAME			
STREET ADDRESS	<b>1400 NW 107TH AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADLER, LINDA K</b>			NAME			
STREET ADDRESS	<b>1400 NW 107TH AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADLER, MICHAEL M</b>			NAME			
STREET ADDRESS	<b>1400 NW 107TH AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEVY, JOEL</b>			NAME			
STREET ADDRESS	<b>1400 N.W. 107TH AVENUE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33172</b>			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: *Joel Levy* **Joel Levy**  
Executive Vice President  
Date: 04/15/01 Daytime Phone #: (305) 392-4050

CR2E034 (10/00)