

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90002 037 ***550.00

DOCUMENT # P96000031517

1. Entity Name

SUTKA REALTY, INC.

Principal Place of Business

**222 LAKEVIEW AVENUE #260
WEST PALM BEACH FL 33401**

Mailing Address

**222 LAKEVIEW AVENUE #260
WEST PALM BEACH FL 33401**

2. Principal Place of Business

424 PALM STREET

Suite, Apt. #, etc.

3. Mailing Address

424 PALM STREET

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

City & State

WEST PALM BEACH FL

Zip

33401

Country

4. FEI Number

65-0662730

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KOEPPPEL, JOEL P
222 LAKEVIEW AVENUE #260
WEST PALM BEACH FL 33401**

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

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) ☒**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **DP** ☐ Delete
NAME **SUTKA, BRUCE**
STREET ADDRESS **424 PALM ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**TITLE **DTS** ☐ Delete
NAME **NEGRI, DAVID**
STREET ADDRESS **424 PALM ST**
CITY-ST-ZIP **WPB FL 33401**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID NEGRI**8/25/00**

Date

561-835 8455

Daytime Phone #

CR2E034 (5/00)