2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P96000033127** 1. Entity Name SUNBELT INVESTMENT PROPERTIES, INC. 04-25-2000 90061 033 ***150.00 Principal Place of Business Mailing Address 888 S.E. 3RD AVE., SUITE 201 888 S.E. 3RD AVE., SUITE 201 FT. LAUDERDALE FL 33316-1159 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 618 S.W. BAVE 1600 S.E. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4, FEI Number City & State 65-0666800 LAUDERDALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, NORMAN Street Address (P.O. Box Number is Not Acceptable) 888 S.E. 3RD AVE., SUITE 201 FT. LAUDERDALE FL 33316 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Delete TITLE DIRECTOR TITLE NORMAN SCHWARTZ FREED, GERALD E NAME NAME 5E. 9 SY STREET ADDRESS 1600 888 S.E. 3RD AVE., SUITE 201 STREET ADDRESS Ft. LAUDERDALE, FL. 33316 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 addless, with all other like exproveded.