

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90030 043 ***550.00

001817 AV

DOCUMENT # P96000069750

1. Entity Name

B.A.M. REALTY CORP.

Principal Place of Business

**2500 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

Mailing Address

**2500 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

2. Principal Place of Business

2745 W. Cypress Creek Rd
Suite, Apt. #, etc.

3. Mailing Address

2745 W. Cypress Creek Road
Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

4. FEI Number

65-0700493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GURLAND, BARRY

**2500 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

BARRY T. GURLAND c/o AMERICAN EXPRESS

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

2745 West Cypress Creek Road

City

Fort Lauderdale

FL

Zip Code

33309

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]

(NOTE: Registered Agent signature required when reinstating)

8/13/01

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 12, 2001 Fee 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 **P** ☐ Delete
NAME **ALEXANDER, TARO**
STREET ADDRESS **60 EAST 8TH STREET, #23D**
CITY-ST-ZIP **NEW YORK NY**

TITLE **VT** ☐ Delete
NAME **GURLAND, BARRY T.**
STREET ADDRESS **2500 E. HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **HALLANDALE FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2745 West Cypress Creek Road**
CITY-ST-ZIP **Fort Lauderdale FL 33309**

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

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

TITLE ☐ 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01

DATE

(554) 931-7000

DAYTIME PHONE #

CR2E034 (5/01)