

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089801

1. Entity Name

INTERIM REAL ESTATE SOLUTIONS INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 012 ***150.00

Principal Place of Business

2050 SPECTRUM BLVD.
FORT LAUDERDALE FL 33309

Mailing Address

2050 SPECTRUM BLVD.
FORT LAUDERDALE FL 33309-3008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0716330**

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JOHN B
2050 SPECTRUM BLVD.
FORT LAUDERDALE FL 33309

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, MARK	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MARCY, RAYMOND	
STREET ADDRESS	2050 SPECTRUM BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, JOHN B	
STREET ADDRESS	2050 SPECTRUM BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	KRAUSE, ROY G	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLEN, SHANNON C	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	A S	<input type="checkbox"/> Delete
NAME	OSUNA, JAVIER	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	

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	Secretary/VP/Din.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa G. Iglesias	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
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	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce T. Petersen	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark W. Smith : Mark W. Smith 4/7/00 954-938-7600

Date

Daytime Phone #