2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P96000090665** 1. Entity Name SIRS REALTY, INC. 04-25-2001 90045 037 ***150.00 Principal Place of Business Mailing Address 1100 HOLLAND DRIVE 1100 HOLLAND DRIVE > **BOCA RATON FL 33427 BOCA RATON FL 33427** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0710996 Not Applicable Zip Country Zip Country \$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 MOORE, W. RODGERS Street Address (P.O. Box Number is Not Acceptable) **4800 NORTH FEDERAL HIGHWAY** SUITE 210-A **BOCA RATON FL 33431** 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 FILE NOW!!! FEE IS \$150.00 9. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. VAST TITLE ☐ Delete CR2E034 (10/00) TITLE Change ☐ Addition NAME MOORE, W. RODGERS NAME STREET ADDRESS **7623 SIERRA TERRACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE Change ☐ Addition NAME GOLDSTEIN, ELLIOT NAME STREET ADDRESS 1100 HOLLAND DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP VSTD TITLE Delete TITLE Change Addition NAME GOLDSTEIN, ELEANOR NAME STREET ADDRESS 1100 HOLLAND DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RAOTN FL** TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V AST 3/2/01 561-994-8079 SIGNATURE;