

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90009 046 ***150.00

0263593

DOCUMENT # P96000097511

1. Entity Name
PATTERSON REALTY & MANAGEMENT, INC.

Principal Place of Business 7071 WEST COMMERCIAL BLVD #20 FORT LAUDERDALE FL 33319 <i>Suite 2 C</i>	Mailing Address 7071 WEST COMMERCIAL BLVD #26 FORT LAUDERDALE FL 33319 <i>Suite 2 C</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7071 W. Commercial Blvd Suite, Apt. #, etc. # 2 C	3. Mailing Address 7071 W Commercial Blvd Suite, Apt. #, etc. # 2 C
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City & State Tammarac Fl.	City & State Tammarac Fl.
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4. FEI Number 65-0710563	Applied For <input type="checkbox"/> Not Applicable
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Zip 33319	Country Broward	Zip 33319	Country Broward
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PATTERSON, CHARLES
4200 NW 16TH ST, SUITE 304
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent
 Name **Charles Patterson**
 Street Address (P.O. Box Number is Not Acceptable)
7071 W. Commercial Blvd # 2 C
 City **Tammarac** FL Zip Code **33319**

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 *Charles Patterson* (NOTE: Registered Agent signature required when reinstating) DATE 1/3/01

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P PATTERSON, CHARLES 4631 NW 74 AVE FORT LAUDERDALE FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TS SEARLES, MACHELLE 4631 NW 74 AV FORT LAUDERDALE FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TS Machelle Seales Patterson 4631 NW 74 AV Fl. Land. FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attached address, with an other like empowered.

SIGNATURE: *Charles Patterson* **CHARLES PATTERSON** 1/3/01 (954) 671-9555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (10/00)