

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90211 048 ***158.75

DOCUMENT # P96000102535

1. Entity Name
AGEWLY REAL, INC.



Principal Place of Business
**1570 TOWN CENTER CIRCLE
WESTON FL 33316
US**

Mailing Address
**1570 TOWN CENTER CIRCLE
WESTON FL 33316
US**



2. Principal Place of Business
2585 Glades Circle

3. Mailing Address
2585 Glades Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
65-0737409

Applied For
☐ Not Applicable

Zip
33327 Country
USA

Zip
33327 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINEBERG, LIBO B ESO
3500 GATEWAY DRIVE
SUITE 201
POMPAÑO BEACH FL 33069**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GOLDMAN, RENEE K
3500 GATEWAY DR, STE 201
POMPAÑO BEACH FL 33069** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GOLDMAN, RICHARD M
3500 GATEWAY DR, STE 201
POMPAÑO BEACH FL 33069** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
FINEBERG, LIBO B
3500 GATEWAY DR, STE 201
POMPAÑO BEACH FL 33069** ☐ Delete

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

TITLE
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CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee K. Goldman

Date

Daytime Phone #

4-3-03 954-384-5454

CR2E034 (10/02)