

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011441

1. Entity Name

SORENSEN REAL ESTATE, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90049 031 \*\*\*150.00

Principal Place of Business

Mailing Address

2707-09 ALLEN ROAD  
TALLAHASSEE FL 32312

1540 SHELLPOINT RD.  
CRAWFORDVILLE FL 33062-3504

Change to:

Change to

2. Principal Place of Business

3. Mailing Address

120 EAST OAKLAND BLVD #314 NE 14 ST CSWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #105

#314

City & State

City & State

FT LAUDERDALE, FL

POMPANO Bch, FL

Zip

Country

Zip

Country

33334-1106 USA

33062 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3436959

Applied For

Not Applicable

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

STUART  
ROSENTHAL, STUART S ESQ.  
555 S.W. 12TH AVENUE  
SUITE 101  
POMPANO BEACH FL 33069-3505

Change to:

Name: STUART S. ROSENTHAL P.A.  
Street Address (P.O. Box Number is Not Acceptable): 404 EAST ATLANTIC BLVD  
Suite 101  
City: POMPANO BEACH FL Zip Code: 33062

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)

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**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: SD  
NAME: SORENSON, RICHARD E  
STREET ADDRESS: 2707-09 ALLEN ROAD  
CITY-ST-ZIP: TALLAHASSEE FL 32312 ☐ Delete

TITLE: ☐ Change ☐ Delete  
NAME: ☐ Change ☐ Delete  
STREET ADDRESS: ☐ Change ☐ Delete  
CITY-ST-ZIP: ☐ Change ☐ Delete

TITLE: PTD  
NAME: SORENSON, JANET L  
STREET ADDRESS: 2707-09 ALLEN ROAD  
CITY-ST-ZIP: TALLAHASSEE FL 32312 ☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00

954  
941-0325