

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000013206**

1. Entity Name

**GLOBAL REALTY MANAGEMENT GROUP, INC.****FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90299 021 \*\*\*150.00

0150588

Principal Place of Business

**701 BRICKELL AVENUE  
SUITE 3120  
MIAMI FL 33131  
US**

Mailing Address

**701 BRICKELL AVENUE  
SUITE 3120  
MIAMI FL 33131  
US**

2. Principal Place of Business

**1221 BRICKELL AV**

3. Mailing Address

**1221 BRICKELL AV**Suite, Apt. #, etc.  
**SUITE 900**Suite, Apt. #, etc.  
**SUITE 900**City & State  
**MIAMI, FL**City & State  
**MIAMI, FL**Zip  
**33131**

Country

Zip  
**33131**

Country

**645493**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0735872**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD. #211  
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

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, 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	VPST	<input type="checkbox"/> Delete
NAME	FARKAS, MICHAEL D	
STREET ADDRESS	701 BRICKELL AVE., SUITE 3120	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPITZER, JOSEPH	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3120	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARKAS, MICHAEL D	
STREET ADDRESS	1221 BRICKELL AV, SUITE 900	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZER, JOSEPH	
STREET ADDRESS	1221 BRICKELL AV, SUITE 900	
CITY-ST-ZIP	MIAMI, FL 33131	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Michael D. Farkas**Michael D. Farkas, V. President*

Date

Daytime Phone #

CR2E034 (10/00)