2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P9700016541 1. Entity Name FLORIDA REALTY REFERRAL GROUP, INC. 04-17-2001 90042 028 ***150.00 Mailing Address Principal Place of Business 12181 SHERIDAN STREET 12181 SHERIDAN STREET COOPER CITY FL 33026 COOPER CITY FL 33026 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0735210 Not Applicable Zip Country 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 SWEIGART, TERRY J Street Address (P.O. Box Number is Not Acceptable) 12181 SHERIDAN ST COOPER CITY FL 33026 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PRESIDENT/DIRECTOR D ☐ Delete TITLE TITLE NAME NAME STEIN, LESLIE R STREET ADDRESS STREET ADDRESS 12181 SHERIDAN STREET CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 X Change ☐ Addition ☐ Delete TITLE TITLE NAME SWEIGART, TERRY J NAME STREET ADDRESS STREET ADDRESS 12181 SHERIDAN STREET CITY-ST-7IP CITY-ST-ZIP COOPER CITY FL 33026 SELKETANY MIKEASUKE TITLE -SECRETARY/THEASURE TITLE TO ---EDMUND C. FOSTER C. FOSTE NAME NAME EDMUND 1770 YELLOW/EART WAY 1770 YELLOWHEART WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pt qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing doe indicated on this report or supplemental report is true and acci The and that my signature shall have the same legal effect as if made under oath; that I am an officer or director out this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with ap-