

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000018139

1. Entity Name
FINKEL BUSINESS & REAL ESTATE BROKERS, INC.



Principal Place of Business
101 NORTH STATE ROAD 7, SUITE 7
MARGATE, FL 33063

Mailing Address
101 NORTH STATE ROAD 7, SUITE 7
MARGATE, FL 33063



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0730160

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FINKEL, JOAN
101 NORTH STATE ROAD 7, SUITE 7
MARGATE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

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

000000393985
01/25/06-80044-008 150.00

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FINKEL, JOAN
STREET ADDRESS 8453 N.W. 78TH COURT
CITY-ST-ZIP TAMARAC, FL 33321

TITLE STD
NAME FINKEL, MICHAEL L
STREET ADDRESS 8453 N.W. 78TH COURT
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06

Date

954-974-0500

Daytime Phone #