

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000024880

1. Entity Name
FIVE NINETY FIVE REALTY, INC.

Principal Place of Business 335 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432	Mailing Address 335 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432
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2. Principal Place of Business 500 NE SPANISH RIVER BLVD	3. Mailing Address 500 NE SPANISH RIVER BLVD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33431	Country	Zip 33431	Country
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4. FEI Number 65-0737023	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LASALLE THOMAS L
5353 NORTH FEDERAL HIGHWAY, SUITE 405
FT. LAUDERDALE FL 33308

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 **THOMAS LASALLE**

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

(NOTE: Registered Agent signature required when reinstating)

04/11/2000

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIMAN JEFFREY	
STREET ADDRESS	335 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIMAN JEFFREY	
STREET ADDRESS	500 NE SPANISH RIVER BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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: Jeffrey Kleiman

D 04/11/2000