

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90375 001 \*\*\*150.00

0350001 AV

**DOCUMENT # P97000025950**

**1. Entity Name**  
**6232 REALTY CORPORATION**



**Principal Place of Business**  
**62 INDIAN TRACE**  
**WESTON FL 33326**  
**US**

**Mailing Address**  
**P.O BOX 15246**  
**PLANTATION FL 33318**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0747723**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**STERNBERG, ELIZABETH ANNE**  
**9151 NW 29TH COURT**  
**SUNRISE FL 33322**

**Name** **Elizabeth Anne Sternberg**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**5226 N.W. 99th Terrace**  
**City** **Sunrise** **FL** **33351**

**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** *Elizabeth Anne Sternberg*

**Elizabeth Anne Sternberg**

**04/08/03**

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

(NOTE: Registered Agent signature required when instituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STERNBERG, ELIZABETH</b>	
STREET ADDRESS	<b>P.O BOX 15246</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33318</b>	
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STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Elizabeth Anne Sternberg* **Elizabeth Anne Sternberg** **4/8/03** **954-385-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)