## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000027631

1. Entity Name

FILED Feb 27, 2001 8:00 am Secretary of State

SWEET REALTY, INC.						02-27-2001 90320 004 ***150.00					
Principal Plac 921 NW EIGHT FORT LAUDERD	AVENUE	Mailing Address 921 NW EIGHT AVENUE FORT LAUDERDALE FL 33311									
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS S	PACE		
City & State		City & State				. FEI Number	65-075407	8	<del></del>	oplied For ot Applicable	-
Zip	Country	Zip Coun		ntry 5.		5. Certificate of	Certificate of Status Desired		\$9.75 Additional		
	6. Name and Address of Current Registered Agent			7	. Name and A	ddress of New	Registered A	gent		1	
,											]_
SWEET, JOANN M 921 NW EIGHT AVENUE				Street A	ddress (P.C	). Box Number i	s Not Acceptabl	e)			1
FORT	LAUDERDALE FL 33311										1
				City				FL	Zip Cod	e	1
8. The above	named entity submits this statement for	the purpose of changing its i	egister	ed office or	registered	agent, or both,	in the State of F	lorida.	<del></del>		1
	Comman Caract		_					1-9-	OI		
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registere	d Agent signati	are required whe	en reinstating)		DATE	<u> </u>		1
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			550.00	1	on Campaign Fi Fund Contributi	· ·		May Be	
11.	OFFICERS AND D	IRECTORS	12.			ADDITIONS/CH	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11	1
TITLE	PD	Delete	TITL	E					Change	Addition	Î
NAME	SWEET, JOANN		NAM		,,,,		uto al				3
STREET ADDRESS	14620 CEDAR CREEK PLACE		9	ET ADDRESS		0 N.W					13
CITY-ST-ZIP	DAVIE FL 33328		<b>-</b>	-ST-ZIP	PIAN	MOITAIL	J FL	<u> 333</u>			1 2
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	DAVIE FL 33325	□ Delete	TITL		Plan	tanon,	r <u>(                                    </u>	3339	Change	Addition	}
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CITY-ST-ZIP					<del> </del>				☐ Change	Addition	┨
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NAME			. NAM								}
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13. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for rue and accurate and that m	the exe y signa	mption stat ture shall h	ed in Section	on 119.07(3)(i), ne legal effect a	Florida Statutes. s if made under	I further cert oath; that I a	ify that the ir	nformation 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:**