## DOCUMENT # P97000033876 FILED SECRETARY OF STATE HALLANDALE REALTY CORPORATION 00 DEC 15 AM 9:53 Principal Place of Business Mailing Address 2030 S. OCEAN DR. #101 2030 S. OCEAN DR. #101 HALLANDALE FL 33009-6650 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0744748 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 FERNANDEZ DAIGY CYNTHIA L. SHERR, P.A. Street Address (P.O. Box Number is Not Acceptable) 1940 HARRISON STREET OCCAN DR 5. HOLLYWOOD FL 33020 APH 1121 Zip Code **33089** 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, typed or printed name of registered agent and title if appli TE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/99) Change ☐ Addition TITLE Delete TITI F DAISY FERNANDEZ 2030 S. DEEAN DR # 1121 GROSS, SYLVIA NAME NAME STREET ADDRESS 2030 S. OCEAN DR. #2214 STREET ADDRESS HALLANDALE, FL 33009 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP 800003515238 ☐ Delete TITLE TITLE NAME NAME 12/28/00--01016--019 STREET ADDRESS STREET ADDRESS \*\*\*\*758.75 \*\*\*\*758.75 CITY-ST-7IP CITY-ST-ZIP \_\_\_\_ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS 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. 95%) 455-8/62 SIGNATURE: