2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044428

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90454 005 ***150.00

972146

DO NOT WRITE IN THIS SPACE

1. Entity Name
ACCLAIM MANAGEMENT & REALTY, INC.

Principal Place of Business	Mailing Address
~~1700 NW 6TH PLACE~~ ~~2-201~~ ~~FT LAUDERDALE FL 33311~~ ~~US~~	4877 NW 67TH AVENUE LAUDERHILL FL 33319 US

2. Principal Place of Business		3. Mailing Address	
4360 W. Oakland Park Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lauderdale Lakes FL		City & State	
Zip: 33313	Country: U.S.A	Zip	Country

4. FEI Number 65-0755337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THURSTON, VICTORIA
4877 NW 67TH AVENUE
LAUDERHILL FL 33319

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURSTON, VICTORIA 4877 NW 67TH AVENUE LAUDERHILL FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Victoria Thurston - President 4-26-01 954-742-9278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Victoria Thurston