CII ED

DOCUMENT # P9700058266 1. Entity Name DARTMOUTH REALTY GROUP, INC.						Apr 03, 2000 8:00 am Secretary of State 04-03-2000 90112 017 ***150.00			
Principal Place of Business IOO1 N FEDERAL HWY 307 HALLANDALE FL 33009		4321 CASPER (Mailing Address 4321 CASPER COURT HOLLYWOOD FL 33021-2413			0 03 2000 301	12 017 100	.00	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	е	City & State	City & State			-65-0766085		plied For t Applicable	
Zip Country		Zip	Zip Country		5. 0	Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
1001	KUR, ALAN N. FEDERAL HIGHWAY				Street Address (P.O. Box Number is Not Acceptable)				
STE. Hall	307 Andale FL 33009						FL Zip Code	<u>.</u>	
Tax filing r	Signature, typed or printed name of registered a pration is eligible to satisfy its Intang equirement and elects to do so.	ible F				nstating) t 10. Election Campaign Financin Trust Fund Contribution.	~	0 May Be to Fees	
11.	OFFICERS A	ND DIRECTORS	12	·		L DITIONS/CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERKUR, ALAN 4321 CASPER COURT HOLLYWOOD FL 33021		NA STI	TLE ME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STI	TLE ME REET ADDRESS TY-ST-ZIP	-	n , compositioner	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STI	TLE ME REET ADDRESS TY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STI	'LE ME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA STI	TLE ME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
TITLE NAME			NA	ILE ME			Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP