

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067378

1. Entity Name

JJ&W REALTY CORPORATION

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90081 003 \*\*\*150.00

Principal Place of Business  
4700 BISCAYNE BLVD.  
MIAMI FL 33137

Mailing Address  
4700 BISCAYNE BLVD.  
MIAMI FL 33137-3228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4228859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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 P ☐ Delete  
NAME FALK, JOSEPH L  
STREET ADDRESS 4700 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33137

TITLE VST ☒ Delete  
NAME RICHARD, JUDITH  
STREET ADDRESS 4700 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☒ Delete  
NAME PONDOLFI, ROBERT  
STREET ADDRESS 4700 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/V ☐ Change ☒ Addition  
NAME Dearelli, Rosario A.  
STREET ADDRESS 5595 Trillium Blvd.  
CITY-ST-ZIP Hoffman Estates, IL 60192

TITLE D ☐ Change ☒ Addition  
NAME Barber, R. Scott  
STREET ADDRESS 9399 West Higgins Road  
CITY-ST-ZIP Rosemont, IL 60018

TITLE S/D/V ☐ Change ☒ Addition  
NAME Murphy, James J.  
STREET ADDRESS 1150 South Olive St.  
CITY-ST-ZIP Los Angeles, CA 90015

TITLE ☐ Change ☒ Addition  
NAME West Larry M.  
STREET ADDRESS 4700 Biscayne Blvd  
CITY-ST-ZIP Miami FL 33137

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Falic

3/13/00

Date

305-573-8800

Daytime Phone #

CR2F034 (9/99)