

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90189 016 ***550.00

DOCUMENT # P97000083227

1. Entity Name
2400 REALTY CORPORATION

Principal Place of Business
18825 NW 14 AVE
MIAMI FL 33132

Mailing Address
18825 NW 14 AVE
MIAMI FL 33132

00123003



2. Principal Place of Business
18825 N.W. 14 AVE RD

3. Mailing Address
18825 N.W. 14 AVE RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL.** City & State **MIAMI FL.**

4. FEI Number **65-0783925** Applied For Not Applicable

Zip **33169** Country Country Zip **33169** Country

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

6. Name and Address of Current Registered Agent

JOHNSON, STANLEY E JR
1444 BISCAYNE BLVD STE 220
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **NELSON JENKINS**
 Street Address (P.O. Box Number is Not Acceptable)
18825 N.W. 14 Ave. Rd.
 City **MIAMI** FL Zip Code **33169**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nelson Jenkins* **7-10-02**
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 JENKINS, NELSON 18825 NW 14 AVE Rd. MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Nelson Jenkins* **NELSON JENKINS** **7-10-02** **305-6253872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)