

**2001 UNIFORM BUSINESS REPORT (UBR)**

5

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91119 024 \*\*\*150.00

**DOCUMENT # P98000007594**

1. Entity Name

**LAQUER CORPORATE REALTY GROUP, INC.**

Principal Place of Business

Mailing Address

**444 BRICKELL AVE  
 SUITE 300  
 MIAMI FL 33131**

**444 BRICKELL AVE  
 SUITE 300  
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**444 BRICKELL AVENUE**

**444 BRICKELL AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 650**

**SUITE 650**

City & State

City & State

**MIAMI FLORIDA**

**MIAMI FLORIDA**

Zip

Country

Zip

Country

**33131**

**USA**

**33131**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROELER, DOUGLAS C ESQUIRE  
 THE LAW OFFICE OF DOUGLAS C. BROEKER, ESQ  
 66 W. FLAGLER STREET, 1000 CONCORD STREET  
 MIAMI FL 33130**

Name

**PETER ANDOLINA**

Street Address (P.O. Box Number is Not Acceptable)

**2601 South Bayshore Drive**

**Suite 1275**

City

**Coconut Grove**

FL

Zip Code

**33133**

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

4/9/01

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	<b>P MERKIN, STEWART A 444 BRICKELL AVE STE 300 MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PETER ANDOLINA ANDOLINA REAL ESTATE 2601 S. BAYSHORE DRIVE, SUITE 1275 COCONUT GROVE, FL 33133</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

305-854-7667

Daytime Phone



DO NOT WRITE IN THIS SPACE

CR 2001 11/07/01