

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 02, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000011768**1. Entity Name
DSJ REALTY, INC.**Principal Place of Business**1897 PALM BEACH LAKES BLVD
STE 120
WEST PALM BEACH
33409 US FL**Mailing Address**1897 PALM BEACH LAKES BLVD
STE 120
WEST PALM BEACH
33409 US FL**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**JASSENOFF DAVID S
1897 PALM BEACH LAKES BLVD
STE 120
WEST PALM BEACH FL
33409**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)

07/02/2001

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**

TITLE	VD	☐ Delete
NAME	JASSENOFF DAVID	
STREET ADDRESS	1897 PALM BEACH LAKES BLVD., #120	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	PD	☐ Delete
NAME	HABER AUDREY	
STREET ADDRESS	1897 PALM BEACH LAKES BLVD., #120	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☒ Change ☐ Addition
NAME	PODRECCA MIA L	
STREET ADDRESS	1897 PALM BEACH LAKES BLVD., #120	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Mia Podrecca

PD

07/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)