## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT#**

Principal Place of Business

2751 SOUTH OCEAN DRIVE. SUITE N-1401

P98000013910

Mailing Address

224 THREE ISLAND BLV D #302

1. Entity Name

CENTRAL REAL ESTATE INVESTMENT CORPORATION



Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90039 011 \*\*\*150.00

**FILED** 

Secondary   Country   Secondary   Second	INCLEINIOUS	7 L 33019	HALLANDALE FL 33009		1 (127)(127) (127) (127) (127) (127) (127) (127)		
Suite, Agt. #, etc.  ### 302 City & State ### AUAKVDALE 20 City & State ### Augusted For Mappleon    Secretificate of Status Desired   Se75 Additional Fee Required   Se75 Additional Fee Required   Se75 Additional Fee Required   Series Address of Now Registered Agent   Name and Addre			3. Mailing Address				
### Country	Suite, Apt. #, etc. # 302		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
Secondary   Country   Secondary   Second	HALLANDALE		City & State		4. FEI Number 65-0812496	Applied For Not Applicable	
BERGHAUS, ALFRED 224 THREE ISLAND BLVD #302 HALLANDALE FL 33009  8. The above named only submits his 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    Symmum, hyerid or priece named only submits his 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    Symmum, hyerid or priece named only submits has been agent und life 1-paylosible.   ChOTE Replaced Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Date	33009	<u> </u>		Country		.75 Additional	
BERGHAUS, ALFRED 224 THREE ISLAND BLVD #302 HALLANDALE FL 33009  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 farmism with, and accept the obligations of registered agent.  SIGNATURE  TILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Papable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE IN MAKE SIRET ADDRESS  GIT-31_PP  PERCHAUS, ALFRED SERGHAUS, ALF	<u> </u>	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Age	ent	
Street Address (P.O. Box Number is Not Acceptable)				Name			
HALLANDALE FL 33009  City FL Zip Code  6. 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 and life if applicable.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  INLE  PERGHAUS, ALFRED  244 THREE ISLAND BLVD 302  HALLANDALE BEACH FL 33009  Delete  INLE  MAME  SIREET ADDRESS  CITY-S1-2P  CITY-S1-2P  Delete  INLE  MAME  SIREET ADDRESS  CITY-S1-2P  CITY-S1-2P  Delete  INLE  MAME  SIREET ADDRESS  CITY-S1-2P  CITY-S1-2P  Delete  INLE  MAME  SIREET ADDRESS  CITY-S1-2P  Delete  MAME  SIREET ADDRESS  CITY-S1-2P  CITY-S1-2P  Delete  MAME  SIREET ADDRESS  CITY-S1-2P  CITY	!			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.    Signature hydrol or printed name of registered agent and take if applicable.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both, in the State of Florida. I am familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both in the familiar with, and accept the chologations of registered agent.   (NOTE: Registered Agent algoritum registered agent, or both in the familiar with, and accept the	HALLANDA	LE FL 33009					
SIGNATURE   Suprave typed or printed rame of registered apent and tife if expolicable   (NOTE: Registered Apent Signature regarded when reinstating)   DATE	9 The above	named only as built this state of		'		•	
FILE NOW!!! FEEL \$150,00 AREY May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE INDEX PARTIES AND BLVD 302 HALLANDALE BEACH FL 33009  TITLE NAME STREET ADDRESS CITY-ST-27P  TITLE NAME STREET ADDRESS STRE	the obligati	ons of registered agent.	the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am fam.	iliar with, and accept	
AKEY May 1, 2003 Fee will be \$550.00 AKEY May 1, 2003 Fee will be \$550.00 May Be Added to Feese May Delete be Florida Department of State  10.		Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After	May 1, 2003 Fee will be \$550.00	State	10	' ' ' -	\$5.00 May Be Added to Fees	
BERGHAUS, ALFRED   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   DELete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   NAME   NA	10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO DEFICERS AND DIS	DECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	BERGHAUS, ALFRED 244 THREE ISLAND BLVD 302	☐ Delete	NAME STREET ADDRESS			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change	
NAME STREET ADDRESS CITY OF THE	NAME STREET ADDRESS		☐ Delete	NAME Street address		Change	
12. I hereby certify that the information supplied with this filling 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 cignature shall have the carried that the information.	NAME STREET ADDRESS CITY-ST-ZIP	rtify that the information currelled with the		NAME STREET ADDRESS CITY-ST-ZIP			

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. Further certify that the information 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 10 or Block 11 if