

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90029 016 ***150.00

DOCUMENT # P98000021271

1. Entity Name

DUNKIN'S FM REAL ESTATE, INC.

Principal Place of Business

**11601 SOUTH CLEVELAND AVENUE
 SUITE #1
 FORT MYERS FL 33907**

Mailing Address

**842 S 30TH STREET
 HEATH OH 43056**

2. Principal Place of Business

3. Mailing Address

897 Hebron Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heath, OH

4. FEI Number **65-0840478**

Applied For

Not Applicable

Zip

Country

Zip

Country

43056

USA

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

**ZEMEL, HERBERT
 4700 SHERIDAN ST.
 BLDG. B
 HOLLYWOOD FL 33021**

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, 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 ☐ Delete
 NAME **PVS**
 STREET ADDRESS **DUNKIN, STUART**
 CITY-ST-ZIP **3275 N. COUNTRY CLUB DR. #2506
 AVENTURA FL 33180**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **KEYES, JEFFERY**
 CITY-ST-ZIP **842 S. 30TH ST.
 HEALTH OH 43056**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

JAMES KEYS - Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

740-288-8610

Daytime Phone

CR2E034 (10/00)