

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90004 008 ***150.00

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DOCUMENT # P98000023785

1. Entity Name

DRC REALTY GROUP, INC.

Principal Place of Business

1111 LINCOLN RD., SUITE 800
 \$400
 MIAMI BCH FL 33139

Mailing Address

1111 LINCOLN RD., SUITE 800
 MIAMI BCH FL 33139

2. Principal Place of Business

1111 LINCOLN ROAD
 Suite, Apt. #, etc. #400

3. Mailing Address

1111 LINCOLN ROAD
 Suite, Apt. #, etc. #400

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FLA

Zip

33139 USA

Zip

33139 USA

4. FEI Number

65-0825459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, CYRUS S
 1111 LINCOLN RD. #800
 MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

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

1111 LINCOLN RD. #400

City

MIAMI BEACH FL 33139

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, 2002 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 NAME PSTD WEST, CYRUS S
 STREET ADDRESS 1111 LINCOLN RD., SUITE 800
 CITY-ST-ZIP MIAMI BCH FL 33139 ☐ Delete

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PSTD WEST, CYRUS S ☐ Change ☐ Addition
 STREET ADDRESS SUITE #400
 CITY-ST-ZIP 1111 LINCOLN RD. M.B. FL. 33139

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2002 305-538-3949

CR2E034 (9/01)