## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000024034** Apr 14, 2000 8:00 am Secretary of State MIZNER'S PRESERVE REALTY, INC. 04-14-2000 90114 019 \*\*\*150.00 Principal Place of Business Mailing Address 16328 VIA VENETRIA WAY 16360 JOG RANO DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 2. Principal Place of Business 2700 N. MILITARY TRAIL 16320 VIA VENETIA WEST Suite, Apt. #, etc. 54175 360 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0825259 BOCK RATON FL Not Applicable \$8.75 Additional Zip **33**4/3/-6359 5. Certificate of Status Desired 37484 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMON, ERIC A Street Address (P.O. Box Number is Not Acceptable) -9050 PINES BLVD -SUITE-250-54175 300 PEMBROKE PINES FL 33024 CITCOANL SPRINGS 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE PUDER, JODI NAME NAME STREET ADDRESS 6465 TROPICAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL 33446 Change ☐ Addition TITLE ☐ Delete TITLE NAME SIEGER, STEVEN NAME STREET ADDRESS 6465 TROPICAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL 33446 **VPST** ☐ Delete TITLE TITLE NAME ASFAHL, PAUL NAME 2700 N. MILLEARY TRAIL, STE 360 STREET ADDRESS 16360 JOG RD STREET ADDRESS BOCA RATEN FL 33431-63-9 CITY-ST-ZIP **DELRAY BCH FL 33446** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. PILITED PAUL W. ASFAIAL Z-18-00 561-994 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR