

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

DOCUMENT # P98000026936

1. Entity Name
IT'S A DEAL REALTY, INC.



11009754

Principal Place of Business
150 NORTH UNIVERSITY DRIVE
SUITE 200
PLANTATION, FL 33324

Mailing Address
150 NORTH UNIVERSITY DRIVE
SUITE 200
PLANTATION, FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0836561

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEARMAN, MARK
150 NORTH UNIVERSITY DRIVE
SUITE 200
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW WITH FEES \$150.00
After May 1, 2003 fees will be \$150.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS
NAME DEARMAN, MARK
STREET ADDRESS 150 NORTH UNIVERSITY DR, SUITE 200
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DPT
NAME GERSON, STEVE
STREET ADDRESS 150 NORTH UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 #

CR2E034 (10/02)