

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000048084

1. Entity Name
 ALAMO REAL ESTATE INC.

Principal Place of Business
 335 N. FEDERAL HIGHWAY
 BOCA RATON FL 33432

Mailing Address
 335 N. FEDERAL HIGHWAY
 BOCA RATON FL 33432

2. Principal Place of Business
 500 NE SPANISH RIVER BLVD
 Suite, Apt. #, etc.
 207

3. Mailing Address
 500 NE SPANISH RIVER BLVD
 Suite, Apt. #, etc.
 207

City & State
 BOCA RATON FL

City & State
 BOCA RATON FL

Zip Country
 33431 US

4. FEI Number
65-0881634

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 KLEIMAN RICHARD
 335 N. FEDERAL HIGHWAY
 BOCA RATON FL 33432
 US

7. Name and Address of New Registered Agent
 Name
 MATLIN & MCCLOSKEY
 Street Address (P.O. Box Number is Not Acceptable)
 2300 GLADES ROAD
 400
 City
 BOCA RATON FL Zip Code
 33431

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 **ROBERT HORWITZ** DATE **04/11/2000**
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, 2000 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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURICE HALPERIN A 500 NE SPANISH RIVER BLVD BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOUSE BRIAN S 500 NE SPANISH RIVER BLVD BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIMAN JEFFREY 500 NE SPANISH RIVER BLVD BOCA RATON FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeffrey Kleiman DATE: 04/11/2000