

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072472

1. Entity Name

CASABLANCA REAL ESTATE BROKERS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90230 004 ***150.00

Principal Place of Business

Mailing Address

C/O KEITH W. SAKS. ESO
 1450 MADRUGA AVE., #305
 CORAL GABLES FL 33146

C/O KEITH W. SAKS. ESO
 1450 MADRUGA AVE., #305
 CORAL GABLES FL 33146-3164

2. Principal Place of Business

104 Grandon Blvd.

Suite, Apt. #, etc.

308

3. Mailing Address

104 Grandon Blvd.

Suite, Apt. #, etc.

308

City & State

Key Biscayne FL

City & State

Key Biscayne

Zip

33149

Country

USA

Zip

33149

Country

USA

4. FEI Number

65-0867479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SAKS, KEITH W
 1450 MADRUGA AVE., #305
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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, 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 FSD ☐ Delete
 NAME SAKS, KEITH W
 STREET ADDRESS 1450 MADRUGA AVE., #305
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE P S D ☐ Delete
 NAME NOT "F" SD
 STREET ADDRESS As Printed
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 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

1/5/00

Date

(305) 662-8880

Daytime Phone #

CR 1 014 (9/99)