FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90351 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078528

1. Entity Name

150 SAMPLE REALTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
700 S. Federal Highway		700 S. Federal Highway	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State: Boca Raton, FL		City & State: Boca Raton, FL	
Zip: 33432	Country: USA	Zip: 33432	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0864143 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Steven Garellek, Esq.

Street Address (P.O. Box Number is Not Acceptable): c/o Adorno & Zeder, P.A.

700 S. Federal Hwy., #200

City: Boca Raton **FL** Zip Code: 33432

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD	TITLE	
NAME	Lynn Soreide	NAME	
STREET ADDRESS	700 S. Federal Hwy., #200	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33432	CITY-ST-ZIP	
TITLE	VP&T	TITLE	
NAME	Arne Soreide	NAME	
STREET ADDRESS	700 S. Federal Hwy., #200	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33432	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arne Soreide, Vice Pres. April 29, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (561) 393-5660