

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080909

1. Entity Name

FLORIDA 2000 REALTY, INC.

Principal Place of Business

3963 N FEDERAL HIGHWAY  
POMPANO BEACH FL 33064

Mailing Address

3963 N FEDERAL HIGHWAY  
POMPANO BEACH FL 33064

2. Principal Place of Business

3963 N Federal Highway

3. Mailing Address

3963 N. Federal Highway

Suite, Apt. #, etc.

Pompano Beach

Suite, Apt. #, etc.

Pompano Beach, FL

City & State

Florida

City & State

Florida

Zip

33064

Country

USA

Zip

33064

Country

USA

6. Name and Address of Current Registered Agent

ALBUQUERQUE, MARIA  
3963 N FEDERAL HIGHWAY  
POMPANO BEACH FL 33064

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, 2001 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	D ALBUQUERQUE, MARIA 1657 CORAL AVE- NO. LAUDERDALE FL 33068	<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
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 MARIA ALBUQUERQUE 9132 F SW 20TH ST Boca Raton, FL 33428	<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
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:

Maria Albuquerque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

Daytime Phone #

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90194 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)