2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104825

1. Entity Name
CBR REALTY GROUP, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90041 035 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~6071 N FEDERAL HWY STE 300~~ ~~BOCA RATON FL 33487~~	~~6071 N FEDERAL HWY STE 300~~ ~~BOCA RATON FL 33487~~

2. Principal Place of Business	3. Mailing Address
4710 NW 2 AVE	4710 NW 2 AVE
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33431 Country:	Zip: 33431 Country:

4. FEI Number 65-0881668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, ALLAN M
~~6071 N FEDERAL HWY STE 300~~
~~BOCA RATON FL 33487~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 4710 NW 2 AVE
\# 102
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 ALLAN M RUBIN - PRES [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete RUBIN, ALLAN M ~~6071 N FEDERAL HWY STE 300~~ ~~BOCA RATON FL 33487~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4710 NW 2 AVE, #102 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: ALLAN M RUBIN - PRES [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #