

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91102 027 ***150.00

DOCUMENT # P98000104959

1. Entity Name

AMERICAN FLORIDA REALTY, INC.

Principal Place of Business

Mailing Address

1481 S MILITARY TRAIL
#2
WEST PALM BEACH FL 33415
US

1481 S MILITARY TRAIL
#2
WEST PALM BEACH FL 33415
US

2. Principal Place of Business

3. Mailing Address

1481 S. MILITARY TRAIL

1481 S. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #12

SUITE #12

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33415

33415



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0881660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILDE, LISA
1481 S MILITARY TRAIL
#2
WEST PALM BEACH FL 33415

Name
DOUG MEYERS

Street Address (P.O. Box Number is Not Acceptable)

1481 S. MILITARY TRAIL

SUITE 12

City
WEST PALM BEACH

FL

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

Douglas Meyers

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	WILDE, LISA	
STREET ADDRESS	1481 S MILITARY TRAIL #2	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES, DIR	<input checked="" type="checkbox"/> Adding
NAME	MEYERS, DOUG	
STREET ADDRESS	1481 S. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Douglas Meyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01