

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008806

1. Entity Name

GUARANTY REALTY & INVESTMENTS, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90009 049 \*\*\*158.75

Principal Place of Business

Mailing Address

6100 HOLLYWOOD BLVD., SUITE 307  
HOLLYWOOD FL 33024

6100 HOLLYWOOD BLVD., SUITE 307  
HOLLYWOOD FL 33024-7981

2. Principal Place of Business

3. Mailing Address

6100 Hollywood Blvd.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

SAME

City & State

City & State

Hollywood, Fla.

SAME

Zip

Country

Zip

Country

33024

Broward

SAME

SAME

4. FEI Number

105-0896950

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINE, JONATHAN ESO  
PEMBROKE PINES PROFESSIONAL CENTER  
9050 PINES BLVD., STE. 354  
PEMBROKE PINES FL 33024

Name: ~~GAR~~ GUARANTY REALTY & INV.  
Street Address (P.O. Box Number is Not Acceptable):  
6100 Hollywood Blvd.  
SUITE 500  
City: HOLLYWOOD, FLA. FL Zip Code: 33024

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)

X

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.

X

\$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	PD GARCIA, JOSEFINA 6100 HOLLYWOOD BLVD., SUITE 307 HOLLYWOOD FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGEL, JEFF 6100 HOLLYWOOD BLVD., SUITE 307 HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIZZA, KENNETH J 6100 HOLLYWOOD BLVD., SUITE 307 HOLLYWOOD FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, LIZA 6100 HOLLYWOOD BLVD., SUITE 307 HOLLYWOOD FL 33024	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SAME SUITE 500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME SUITE 500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SAME SUITE 500	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24 2000 954-983-6001

Date

Daytime Phone #

CR2E034 (9/99)