

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90073 027 ***150.00

DOCUMENT # P99000013459



1. Entity Name
CITY REAL ESTATE OF SOUTH FLORIDA, INC.

Principal Place of Business
**1710 FILLMORE ST.
#7
HOLLYWOOD FL 33020**

Mailing Address
**121 GOLDEN ISLES DRIVE
PH-2
HALLANDALE FL 33009**

90017224



2. Principal Place of Business
1710 Fillmore St
Suite, Apt. #, etc. **7**
City & State **Hollywood FL 33020**
Zip **33020** Country **FL**

3. Mailing Address
8911 Collins Ave
Suite, Apt. #, etc. **1105**
City & State **Surfside, FL**
Zip **33154** Country **FL**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0892989** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE **[Signature]** **PSTD**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOULD, RICHARD 121 GOLDEN ISLES DRIVE HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Stamp: RICHARD GOULD 8911 Collins Ave. Apt. 1105 Surfside, FL 33154-3537] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/21/03 954929-1099**
Date Daytime Phone #

CR2E034 (10/02)