

2001. UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90069 044 ***150.00

DOCUMENT # P99000021381

1. Entity Name

J.C. DENIRO INTERNATIONAL REALTY, INC.

Principal Place of Business

Mailing Address

822 E ATLANTIC AVE
DELRAY BEACH FL 33483

822 E ATLANTIC AVE
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0917151

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

WERBER, RICHARD
6111 BROKEN SOUND PARKWAY NW
BOCA RATON FL 33487

Name WILLIAM H. MILMOE
Street Address (P.O. Box Number is Not Acceptable) 400 E. LINTON BLVD - 6-3
City DELRAY BEACH FL Zip Code 33483

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CBTD	<input checked="" type="checkbox"/> Delete
NAME	DESANTIS, LAU	
STREET ADDRESS	822 E ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVIRO, JOHN	
STREET ADDRESS	822 E ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	WEIBER, RICHARD	
STREET ADDRESS	822 E ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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	CB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSTERNACK CHARLES	
STREET ADDRESS	400 E. LINTON BLVD - 6-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILMOE, WILLIAM	
STREET ADDRESS	400 E. LINTON BLVD, 6-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)