2001 UNIFORM BUSINESS REPORT (UBR)

INCLUDES REINSTATEMENT FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 AM 8:53

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****900.00 ****900.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

DOCUMENT # P99000021905

1. Entity Name: 2200 NORTH REALTY CORP

Principal Place of Business	Mailing Address
2200 N. FEDERAL HWY. HOLLYWOOD, FL. 33020	MARTIN BLOOM 20281 E. COUNTRY CLUB DR #1401 AVENTURA, FL. 33180

2. Principal Place of Business	3. Mailing Address
2200 N. FEDERAL HWY	20281 E. COUNTRY CLUB DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1401
City & State: HOLLYWOOD, FL	City & State: AVENTURA, FL
Zip: 33020 Country: USA	Zip: 33180 Country: USA

4. FEI Number: 65-1034517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JEROME E. GOLDMAN
1001 N. FEDERAL HIGHWAY
SUITE 201
HALLANDALE, FL. 33009

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.

SIGNATURE [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

TITLE	DIRECTOR	☐ Delete
NAME	MARTIN BLOOM	
STREET ADDRESS	20281 E. COUNTRY CLUB DR #1401	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7/10	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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 of 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] MARTIN BLOOM, PRES 4/26/01 305-937-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #