

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2/01

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90053 017 \*\*\*150.00

**DOCUMENT # P99000032498**

1. Entity Name

**DNS REALTY INC.**

Principal Place of Business

201 S. BISCAYNE BLVD., 17TH FLOOR  
 MIAMI FL 33131

Mailing Address

201 S. BISCAYNE BLVD., 17TH FLOOR  
 MIAMI FL 33131

2. Principal Place of Business

2001 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 505

3. Mailing Address

2001 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 505

City & State

AVENTURA FLORIDA

Zip

33180

Country

USA

City & State

AVENTURA FLORIDA

Zip

33180

Country

USA

4. FEI Number

APPLIED FOR

65-6041326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SMOLEY, ROBERT ESO.  
 201 S. BISCAYNE BLVD., 17TH FLOOR  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ROBERT SMOLEY, ESO.

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

2001 BISCAYNE BOULEVARD

SUITE 505

City

AVENTURA

FL

Zip Code

33180

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 of principal, officer, or registered agent, or both, is required.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-01

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SMOLEY, ROBERT	
STREET ADDRESS	201 S. BISCAYNE BLVD. 17TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2001 BISCAYNE BOULEVARD, SUITE 505
CITY-ST-ZIP	AVENTURA, FL 33180
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:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Smoley

3-27-01 (305) 933-2000

CR2E034 (10/00)