

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035785

1. Entity Name
ELCHON GROUP REALTY, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90031 041 ***150.00

Principal Place of Business
7800 W. OAKLAND PARK BOULEVARD, BUILDING G
SUNRISE FL 33351

Mailing Address
7800 W. OAKLAND PARK BOULEVARD, BUILDING G
SUNRISE FL 33351

00082124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite/Apt. #, etc.

3. Mailing Address
718 SW 88th AVE

City & State
PLANTATION FL

Zip
33324

Country
BERMUDA

4. FEI Number
65-0936306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KIRSHENBERG, HAREL
7800 W. OAKLAND PARK BOULEVARD, BUILDING G
SUNRISE FL 33351

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, 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 \$550.00
After SEPTEMBER 15, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD KIRSHENBERG, HAREL 7800 W. OAKLAND PARK BOULEVARD, BUILDING G SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T. MARIANNE L. WINFIELD	<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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marianne L. Winfield* 7/27/2000 954-474-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIANNE L. WINFIELD

CR2E034 (5/00)

Attachment Doc #
P99000035785
MAKE CHECKS PAYABLE TO:
DIVISION OF REAL ESTATE DOB82124
DO NOT SEND CASH

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE

HURSTON NORTH TOWER
400 W. Robinson St., P.O. Box 1900
Orlando, FL 32802-1900

APPLICATION/REQUEST FOR REGISTRATION OF A
REAL ESTATE BROKERAGE CORPORATION OR PARTNERSHIP

Application Fee \$95.00 (Corporation or Partnership)
Fees for active Broker, officers, directors or partners must have been
paid according to the provision of Chapter 475 F.S.

** NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. **

Corporation
(a) Name of Partnership ELCHON GROUP REALTY, INC.

(b) Trade Name _____

(a) State whether corporation or partnership, and if corporation give name of the state in which organized, and date of charter.
CORPORATION - FLORIDA - APRIL 19, 1999

(b) Give date of authority to do business in this state (Attach copy of Certificate of Incorporation) _____

Florida Business Address 7500 W. OAKLAND PARK BLVD. SUNSHINE FL. 33351
(Street Number) (City) (State) (Zip)

5 - 0 9 3 6 3 0 6 9 5 4 - 4 7 4 - 5 8 3 3

Employer Identification Number Business Telephone Number

You are required to furnish the names and residence addresses of **ALL** officers and directors of the corporation, or **ALL** of the partnership. If a person is an officer and director, so indicate. For example: "President-Director."
A licensed real estate salesperson, active or in-active, cannot be an officer or director of a real estate broker corporation partner in a partnership.
Multiple brokers licenses: brokers licensed with more than one real estate brokerage company should inform the respective companies of this fact.

List below all officers, directors or partners.

NAME	OFFICE HELD	ACTIVE OR NON-ACTIVE
A. <u>MARIANNE L. WINFIELD</u> Residence Address <u>1661 NW 113th Ave</u> <u>Combake Place FL 33006</u> <u>954-431-7216</u>	<u>PRESIDENT</u>	<u>ACTIVE</u>
B. <u>MARIANNE L. WINFIELD</u> Residence Address <u>1661 NW 113th Ave</u> <u>Combake Place FL 33006</u> <u>954-431-7216</u>	<u>SECRETARY</u>	<u>ACTIVE</u>
C. <u>MARIANNE L. WINFIELD</u> Residence Address <u>1661 NW 113th Ave</u> <u>Combake Place FL 33006</u> <u>954-431-7216</u>	<u>TREASURER</u>	<u>ACTIVE</u>
D. _____ Residence Address _____	_____	_____
E. _____ Residence Address _____	_____	_____
F. _____ Residence Address _____	_____	_____

718 S.W. 88TH TERRACE • PLANTATION, FL 33324

TEL: 954-474-5833
FAX: 954-916-8631

Harold Kinsdenberg
owner