

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063449

1. Entity Name:

CUMMINGS REALTY, INC.

Principal Place of Business

Mailing Address

3111 N.E. 22TH ST.
FT. LAUDERDALE FL 33305

3111 N.E. 22TH ST.
FT. LAUDERDALE FL 33305

2. Principal Place of Business

3. Mailing Address

3015 N. Ocean Blvd

Suite, Apt. #, etc.

Suite 109-A

City & State

Fort Lauderdale, Fla

Zip

33308

Country

USA

City

State

Zip

Country

City

State

Zip

Country

6. Name and Address of Current Registered Agent

CUMMINGS, JOHN W JR
3111 N.E. 22TH ST.
FT. LAUDERDALE FL 33305

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUMMINGS, JOHN W JR	
STREET ADDRESS	3111 N.E. 22TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	CUMMINGS, GLORIA	
STREET ADDRESS	3111 N.E. 22TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
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 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	
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 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 (DIRECTOR)

Date

Daytime Phone #

John W. Cummings

John W. Cummings

April 20, 2001
June 12, '01

6/2

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-02-2001 90009 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)