

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90010 013 \*\*\*158.75

**DOCUMENT # P99000064010**

1. Entity Name

**SOUTHFLAREALTY.COM, INC.**

Principal Place of Business

1601 FORUM PLACE #403  
WEST PALM BEACH FL 33401

Mailing Address

1601 FORUM PLACE #403  
WEST PALM BEACH FL 33401-8103~~811688~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5700 Lake Worth Road

Suite, Apt. #, etc.

209

City &amp; State

Greenacres, FL

Zip

33463

Country

Palm Bch.

3. Mailing Address

5700 Lake Worth Rd.

Suite, Apt. #, etc.

209

City &amp; State

Greenacres, FL

Zip

33463

Country

Palm Bch.

4. FEI Number

65-0939443

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAW, ELLIOT S  
1601 FORUM PLACE #403  
WEST PALM BEACH FL 33401

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 reissuing)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SHAW, FELECIA H	
STREET ADDRESS	220 MARLBOROUGH RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHIFFER, ROBERT	
STREET ADDRESS	8315 BLUE CYPRESS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

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	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Paul Shaw	
STREET ADDRESS	226 MARLBOROUGH RD.	
CITY-ST-ZIP	W. PALM BCH. 33405	

TITLE	V.PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L. T. JONES	
STREET ADDRESS	220-B MARLBOROUGH RD.	
CITY-ST-ZIP	W. P. Bch, FL 33405	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elliot Shaw	
STREET ADDRESS	1601 FORUM PL. #403	
CITY-ST-ZIP	W. Palm Bch, FL 33401	

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 life empowered.

SIGNATURE:

*Robert Paul Shaw Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2, 2000

Date

Daytime Phone #

CR2E034 (9/99)