

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068835

1. Entity Name

FIRST UNION REALTY INVESTMENTS CORP.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90076 004 ***158.75

Principal Place of Business

5500 COLLINS AVE., APT. 1401
MIAMI BEACH FL 33140

Mailing Address

5500 COLLINS AVE., APT. 1401
MIAMI BEACH FL 33140-2501

2. Principal Place of Business

5500 COLLINS AVE
Suite, Apt. #, etc.
#1401

3. Mailing Address

5500 COLLINS AVE
Suite, Apt. #, etc.
#1401

City & State

MIAMI BEACH

City & State

MIAMI BEACH

Zip

33140

Country

Zip

33140

Country

4. FEI Number

65-0972306

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EXPOSITO, SIGMUND
5500 COLLINS AVE., APT. 1401
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
EXPOSITO SIGMUND
Street Address (P.O. Box Number is Not Acceptable)
5500 COLLINS AVE #1401
City
MIAMI BEACH FL Zip Code
33140

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 \$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. ~~PREVIOUS OFFICERS AND DIRECTORS~~

~~TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SIGMUND EXPOSITO
5500 COLLINS AVE #1401
MB, FLA 33140~~

~~TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY TREASURER
ANA J. EXPOSITO
5500 COLLINS AVE
MB FLA 33140~~

~~TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESD
SIGMUND EXPOSITO
5500 COLLINS AVE #1401
MB FLA 33140~~

~~TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP~~

~~TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP~~

~~TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY TREASURER
ANA J. EXPOSITO
5500 COLLINS AVE #1401
MB FLA 33140

☐ Change ☒ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESD
SIGMUND EXPOSITO
5500 COLLINS AVE #1401
MB FLA 33140

☐ 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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)