

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90063 019 ***158.75

DOCUMENT # P99000068835

1. Entity Name

FIRST UNION REALTY INVESTMENTS CORP.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

PO BOX 402283

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 402283

Suite, Apt. #, etc.

City & State

MIAMI BEACH FLA

Zip

33140

Country

Dade

City & State

MIAMI BEACH FLA

Zip

33140

Country

Dade

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)

19333 COLLINS AVE Apt 510

City

MIAMI BEACH FLA 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

Sigmund Exposito

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/02

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, 2002 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 **STD** ☒ Delete
 NAME **EXPOSITO, AN**
 STREET ADDRESS **5500 COLLINS AVE #1401**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **PD** ☒ Delete
 NAME **EXPOSITO, SIGMUND**
 STREET ADDRESS **5500 COLLINS AVE #1401**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☒ Change ☐ Addition
 NAME **EXPOSITO, ANA.J**
 STREET ADDRESS **PO BOX 402283**
 CITY-ST-ZIP **MIAMI BEACH FLA 33140**

TITLE **PD** ☒ Change ☐ Addition
 NAME **EXPOSITO SIGMUND**
 STREET ADDRESS **PO BOX 402283**
 CITY-ST-ZIP **MIAMI BEACH FLA 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

Daytime Phone #

CR2E034 (9/01)