

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079984

1. Entity Name

1ST US REALTY CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90166 017 ***150.00

Principal Place of Business

Mailing Address

5165 N. W. 66TH DRIVE
CORAL SPRINGS FL 33067

5165 N. W. 66TH DRIVE
CORAL SPRINGS FL 33067-2169

2. Principal Place of Business

3. Mailing Address

11471 West Sample Rd
Suite, Apt. #, etc.
Suite 34

5165 NW 66th Dr
Suite, Apt. #, etc.

City & State
Coral Springs, FL-

City & State
Coral Springs, FL

Zip Country
33065 USA

Zip Country
33067 USA

4. FEI Number 65-0951462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
THOMAS, ANTHONY
5165 N. W. 66TH DRIVE
CORAL SPRINGS FL 33067 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: ANTHONY THOMAS 4/1/00 (954) 345-8617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)