

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90066 005 ***150.00

DOCUMENT # P99000104035

1. Entity Name
DUBMAN REAL ESTATE, INC.

Principal Place of Business NW 49TH AVE. FL 33319	Mailing Address 5604 NW 49TH AVE. TAMARAC FL 33319
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C0032446

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1888 W. Hillsboro Blvd Suite, Apt. #, etc.	3. Mailing Address 1888 W Hillsboro Blvd Suite, Apt. #, etc.	4. FEI Number 65-6320445	Applied For <input type="checkbox"/> Not Applicable
City & State Deerfield Bch. FL	City & State Deerfield Bch. FL 33442	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33442	Country Broward	Zip 33442	Country Broward

6. Name and Address of Current Registered Agent DUBMAN, ALLEN J 5604 NW 49TH AVE. TAMARAC FL 33319	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Allen J. Dubman (Signature, typed or printed name of registered agent and title if applicable.)
 (NOTE: Registered Agent signature required when reinstating.)
 DATE: 2-29-00

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete D DUBMAN, ALLEN J 5604 NW 49TH AVE. TAMARAC FL 33319		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Allen J. Dubman (Signature and typed or printed name of signing officer or director)
 Date: 2-29-00 Daytime Phone #: 954-428-8010

CR2E034 (9/99)