Mailing Address



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$19163

1. Corporation Name

Principal Place of Business

UNIREALTY INVESTMENTS, INC.

5109 N NEBRAS STE 200 TAMPA FL 3360 US	•	5109 n nebraska ave Ste 500 Tampa Fl 33603 US				DO NOT WRIT 3. Date Incorporated or Qualifed 12/13/1990	E IN THIS S	PACE		
2. Principal Pl	lace of Business	2a. Mailing Address			<u> </u>	4. FEI Number			Applied	i
21		26				59-3063635		ᆜ	Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\nearrow		75 Addition	L
22		27					1		e Require	
City & State	в .	City & State			İ	6. Election Campaign Financing			.00 Мау	
23						Trust Fund Contribution	-		ded to Fee	<u>s</u>
Zip	Country	Zip	Country			8. This corporation owes the curre		ngible □ Yes	□No	,
24	25		30			Personal Property Tax. 10. Name and Address of New R				<u>'</u>
	g. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New R	eñizraren H	yent		
TAK	ACS, KENNETH S.			"	Name		•			
5109 N NEBRASKA AVE			7	82 Street Address (P.O. Box Number is Not Acceptable)						
STE			-	83						
	PA FL 33603	•	- 1,	63						
ווערו	TATE 00000			84	City		FL	85	Zip Code	
	to the provisions of Sections 607.050	0 COZ 4500 Fladda Ctabita	1 .	2010 5	named namera	ation cultimite this statement for the		hangin	d its regis	tered
office or re	to the provisions of Sections 607.050, egistered agent, or both, in the State of familiar with, and accept the obligations of the obligations of the obligations of the sections for the obligations of the	of Florida. Such change was aut	thorized i	by th	ne corporation's	's board of directors. I hereby accept	t the appoint	ment a	is register	ed
SIGNATURE	Signature, typed or printed name of registered agen	of and title if annicable (NOTE: I	Registered /	Acent s	signature required wh	/hen reinstating)	DATE			- {
12.		ID DIRECTORS	13.	· · · · · ·		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRE	CTORS II	V 12
TITLE	PTD	DELETE	1.1 TITL	LE				☐ Cha		Addition
NAME	TAKACS, KENNETH S.		1.2 NAM	ME						
STREET ADDRESS	5109 N NEBRASKA AVE STE	200	1.3 STF	REET A	NODRESS					
CITY-ST-ZIP	TAMPA FL		1.4 CIT	Y-ST-Z	ZIP					l
TITLE	VSD									Addition
NAME		□ DELETE	2.1 TITL	Œ				☐ Cha	inge [_	
STREET ADDRESS	I ANALIS JALIJUELINE M	☐ DELETE	2.1 TITL 2.2 NAM					☐ Cha	inge [_	
	TAKACS, JACQUELINE M 5109 N NERRASKA AVE STE 2	_	2.2 NAM	ME	ADORESS .			Cha	inge [
	5109 N NEBRASKA AVE STE 2	_	2.2 NAA 2.3 STR	ME REET AL	ADORESS .	· · · · · · · · · · · · · · · · · · ·		□ Cha	ange [
CITY-ST-ZIP	5109 N NEBRASKA AVE STE 2 TAMPA FL	_	2.2 NAM	ME REET AL TY-ST-:	• ! •			☐ Cha		Addition
CITY-ST-ZIP	5109 N NEBRASKA AVE STE 2 TAMPA FL VAS	200	2.2 NAM 2.3 STR 2.4 CIT	ME REET AI TY-ST-I LE	• ! •	<u> </u>		<u>-</u>		Addition
CITY-ST-ZIP TITLE NAME	5109 N NEBRASKA AVE STE 2 TAMPA FL VAS TAKACS, KENNETH S. JR.	200 □ DELETE	2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAM	ME REET AI TY-ST-I LE ME	• ! •	-		<u>-</u>		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	5109 N NEBRASKA AVE STE 2 TAMPA FL VAS TAKACS, KENNETH S. JR. 5109 N NEBRASKA AVE STE 2	200 □ DELETE	2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAM	ME REET AI TY-ST-I LE ME REET AI	ADDRESS	· · · · · · · · · · · · · · · · · · ·		<u>-</u>		Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90198 030 ***158.75