

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90056 004 ***150.00

DOCUMENT # S52370

1. Entity Name

IN-SITE REALTY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

621 NW 53RD ST
 SUITE 450
 BOCA RATON FL 33487

621 NW 53RD ST
 SUITE 450
 BOCA RATON FL 33487-8283

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0260971**

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

YOUNG, IRA L
621 NW 53RD ST.
SUITE 450
BOCA RATON FL 33487

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	P/D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAS, ALFRED R	NAME	Novas, Alfred R.
STREET ADDRESS	621 NW 53RD ST SUITE 450	STREET ADDRESS	621 N.W. 53rd Street, Suite 450
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	STD <input type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLER, MARK	NAME	Schiller, Mark
STREET ADDRESS	621 NW 53RD ST SUITE 450	STREET ADDRESS	621 N.W. 53rd Street, Suite 450
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENT, WILLIAM	NAME	
STREET ADDRESS	621 NW 53RD ST SUITE 450	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **President** 4-12-00 (561) 994-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alfred R. Novas

CR2E034 (9/99)