2000 UNIFORM BUSINESS REPORT (UBR)

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 65-0260971	Applied For / Not Applicable
Zip	Country	Zip	Country	**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		
TITLE	PD	☐ Delete		TITLE	P/D/T	☒ Change	☐ 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	☐ Delete		TITLE	S/D	☒ Change	☐ 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	☐ Delete		TITLE		☐ Change	☐ 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		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E034 (9/99)

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