2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED **DOCUMENT # \$77470** May 08, 2000 8:00 am Secretary of State EAST WEST REALTY ADVISORS INCORPORATED 05-08-2000 90167 007 ***150.00 Mailing Address Principal Place of Business 2255 GLADES ROAD 2255 GLADES ROAD SHITE 236 W SUITE 236 W BOCA RATON FL 33431-7391 **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business 2700 N. Military Trail 2700 N. Military Trail DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 220 Suite 220 Applied For City & State 4. FEI Number City & State 65-0284587 Not Applicable Boca Raton <u>Boca Raton</u> \$8.75 Additional Country Country Zip 5. Certificate of Status Desired 33431-6394 Fee Required 33431-639.4 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Goldstein, Mark B. GOLDSTEIN MARK B. et Address (P.O. Box Number is Not Acceptable) Suite 220 2255 GLADES ROAD SUITE 236 W **BOCA RATON FL 33431** Zip Code 33431 Boca Raton, e of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits th Mark B. Goldstein 4/20/00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change **PSD** Addition **PSD** □ Delete TITLE TITLE MILSTEIN, ROBERT G. NAME Milstein, Robert G. NAME 2255 GLADES ROAD STE, 236 W STREET ADDRESS 2700 N. Military Trail, STREET ADDRESS Suite 220 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Boca Raton, FL 33431 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

Robert G. Milstein SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00