

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91153 033 ***150.00

DOCUMENT # 977470

Entity Name

EAST WEST REALTY ADVISORS INCORPORATED



Principal Place of Business

Mailing Address

2700 N. MILITARY TRAIL
SUITE 130
BOCA RATON, FL 33431



Principal Place of Business

3. Mailing Address

2401 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S.#272

City & State

City & State

PALM BEACH GOLF, FL

Zip

Country

Zip

Country

33410

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0284587

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

GOLDSTEIN, MARK B.
2700 N. MILITARY TRAIL
SUITE 130
BOCA RATON, FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and file # (required)

(Not to be Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSD	TITLE	☐ Change ☐ Addition
NAME	MILSTEIN, ROBERT G.	NAME	
STREET ADDRESS	2700 N. MILITARY TRAIL	STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON, FL 33431	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Robert G. Milstein

ROBERT G. MILSTEIN

5/1/03

518/584-3992