

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S84356**

1. Entity Name

THE VINTAGE REALTY GROUP, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90868 038 ***150.00

Principal Place of Business

1601 JEFFERSON AVENUE
MIAMI BEACH FL 33139

Mailing Address

1601 JEFFERSON AVENUE
MIAMI BEACH FL 33139-7602

2. Principal Place of Business

5801 BISCAYNE BLVD

3. Mailing Address

5801 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0292253

Applied For

Not Applicable

Zip

33139

Country

DADE

Zip

33139

Country

DADE

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

SHERMAN, TOM ESQ.
218 ALMERIA AVENUE
CORAL GABLES FL 33134

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 **D** ☐ Delete
NAME **POLAKOFF, STEVEN**
STREET ADDRESS **1601 JEFFERSON AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **5801 BISCAYNE BLVD**
STREET ADDRESS **MIAMI, FL 33139**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 without address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN POLAKOFF

Date

4/28/00 305 258-8088

Daytime Phone #

CR2E034 (9/99)