

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90107 040 ***150.00

DOCUMENT # V14140

1. Entity Name
MYSTIC POINTE REALTY CORP.

Principal Place of Business

Mailing Address

C/O MICHAEL MOLLOD
40 OLD ORCHARD DRIVE
WESTON CT 06883

C/O MICHAEL MOLLOD
40 OLD ORCHARD DRIVE
WESTON CT 06883-1309

2. Principal Place of Business

3. Mailing Address

315 East 73rd St.

c/o Michael Molloed

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 4

315 East 73rd St. Apt. 4

City & State

City & State

New York, NY

N.Y. N.Y.

Zip

Country

Zip

Country

10021 NY

10021 NY

4. FEI Number

65-0758439

Applied For

Not Applicable

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLLOD, MICHAEL A
C/O DAYS INN NORTH BEACH
7450 OCEAN TERRACE
MIAMI BEACH FL 33141

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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for Michael A Molloed and Julie Whitney.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entries for Michael Molloed and Julie Whitney.

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...

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Molloed Pres.

Date

4-20-00

Daytime Phone #

212-3332108

CR2E034 (9/99)