

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V44935**

1. Entity Name

REALTY WHOLESALERS, INC.**FILED****01 JUL 25 AM 10: 51****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2703 PARKVIEW DR
HALLANDALE FL 33009**

Mailing Address

**2703 PARKVIEW DR
HALLANDALE FL 33009
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0346363

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

SAMMARCO, VINCENT**9141 TAFT ST****PEMBROKE PINES FL 33024**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP**P****STERN, BEN
2703 PARKVIEW DR
HALLANDALE FL 33069**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-01

Date

Daytime Phone #

CR2E034 (5/01)

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July 18, 2001

Secretary of State of Florida
Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Re: Document # V44935
Realty Wholesalers, Inc..

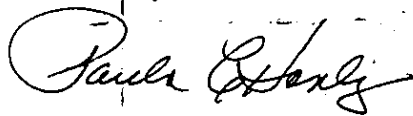
When I came to work for the company, the UBR had not been received per the bookkeeper that was here from January to March. I have not been able to locate them in the office and was not aware that they had not been paid until I received the second notice.

I would greatly appreciate your help and assistance in voiding the \$400.00 late fee.

If there are any problems with this request, please call me at 954-321-8800.

Thanking you in advance,

Sincerely,



Paula C. Hanley
Office Administrator