

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V44935

1. Entity Name
REALTY WHOLESALERS, INC.



Principal Place of Business
930 S. STATE ROAD 7
PLANTATION, FL 33317

Mailing Address
930 S. STATE ROAD 7
PLANTATION, FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-P

CR2E034 (10/03)

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

WEINTRAUB, PETER B ESQ.
2650 N. MILITARY TRAIL, #150
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME STERN, BEN
STREET ADDRESS 930 S. STATE ROAD 7
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

see attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JAN 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1074



Division of Corporations

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Business Entity Name

REALTY WHOLESALERS, INC.

FEI Number

650346363

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☒ Yes ☐ No \$8.75 each

Principal Place of Business

Address

930 S. STATE ROAD 7

Suite, Apt. #, etc.

City, State

PLANTATION

FL

Zip Code & Country

33317

Mailing Address

Address

930 S. STATE ROAD 7

Suite, Apt. #, etc.

City, State

PLANTATION

FL

Zip Code & Country

33317

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WEINTRAUB, PETER, B, ESQ.

-or- RA Business Name

Address

2650 N. MILITARY TRAIL, #150

Suite, Apt. #, etc.

City, State

BOCA RATON

FL

Zip Code & Country

33431

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own R.A.

Registered Agent Signature



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Business Entity Name

REALTY WHOLESALERS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

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City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

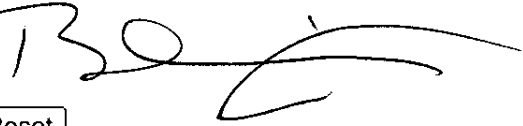
☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature Ben Stern

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