

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91307 020 \*\*\*550.00

**DOCUMENT # V46109**  
 1. Entity Name  
**COMREAL FORT LAUDERDALE MANAGEMENT SERVICES, INC**

Principal Place of Business <b>3355 ENTERPRISE AVE                  STE 100                  FT LAUDERDALE FL 33331                  US</b>	Mailing Address <b>3355 ENTERPRISE AVE                  STE 100                  FT LAUDERDALE FL 33331                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3050 Universal Blvd                  Suite, Apt. #, etc.                  Suite 100                  City &amp; State                  Ft Lauderdale</b>	3. Mailing Address <b>3050 Universal Blvd                  Suite, Apt. #, etc.                  Suite 100                  City &amp; State                  Ft Lauderdale</b>
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4. FEI Number <b>65-0341015</b>	Applied For <input type="checkbox"/>
Not Applicable	

Zip <b>33331</b>	Country <b>USA</b>	Zip <b>33331</b>	Country <b>USA</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TALBOT, TIMOTHY J.  
 3355 ENTERPRISE AVE  
 STE 100  
 FT LAUDERDALE FL 33331**

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.  
 SIGNATURE **President Timothy J. Talbot** DATE **5-11-01**  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>TALBOT, TIMOTHY J.</b>	
STREET ADDRESS <b>3355 ENTERPRISE AVE STE 100</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33331</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Timothy Talbot J.</b>	
STREET ADDRESS <b>3050 Universal Blvd Suite 100</b>	
CITY-ST-ZIP <b>Ft Lauderdale, FL 33331</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 with an address, with all other like empowered.

SIGNATURE: **President Timothy J. Talbot** Date **5/11/01** Telephone # **385-0000**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/00)