

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001041

1. Entity Name

M/S REALTY ASSOCIATES, L.C.

Principal Place of Business

1025 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990

Mailing Address

1025 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990

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

11-3240646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
SUITE 200
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHACHTER, MICHAEL
1910 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHACHTER, DIANE T
1910 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHACHTER, MICHAEL
601-621 PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHACHTER, DIANET
601-621 PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90093 020 ****50.00

006062



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)