

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90036 011 ***150.00

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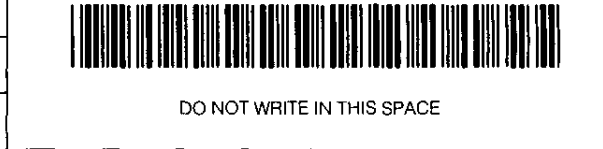
DOCUMENT # P95000083367

1. Entity Name
500 REALTY CORPORATION

Principal Place of Business 1000 QUAYSIDE TERRACE #1804 MIAMI FL 33138	Mailing Address 1000 QUAYSIDE TERRACE #1804 MIAMI FL 33138
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2. Principal Place of Business 11601 Biscayne Blvd. Suite 200 B Miami, FL	3. Mailing Address 11601 Biscayne Blvd. Suite 200 B Miami, FL
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Zip 33181	Country	Zip 33181	Country
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4. FEI Number 65-0619726	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELFMAN, ROBERT G
 1000 QUAYSIDE TERRACE
 #1804
 MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name: **address only**

Street Address (P.O. Box Number is Not Acceptable):
**11601 Biscayne Blvd
 Suite 200 B**

City: **Miami** FL Zip Code: **33181**

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: *Robert G. Elfman, PRESIDENT* DATE: *4/6/01*

Signature, typed or printed name of registered agent and title if applicable. (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELFMAN, ROBERT G 1000 QUAYSIDE TERRACE #1804 MIAMI FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Change address only ELFMAN, ROBERT G. 11601 Biscayne Blvd. Suite 200 B Miami, FL 33181
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE: *Robert G. Elfman* DATE: *4/6/01* DAYTIME PHONE #: *305-895-6300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)