

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 009 ***150.00

DOCUMENT # **P95000083367**
1. Entity Name
500 REALTY CORPORATION

DO NOT WRITE IN THIS SPACE

653343

2. Principal Place of Business
1000 QUAYSIDE TERRACE
Suite, Apt. #, etc.
#810

3. Mailing Address
1000 QUAYSIDE TERRACE
Suite, Apt. #, etc.
#810

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL
Zip
33138

City & State
MIAMI, FL
Zip
33138

4. FEI Number
65-0619726
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
ROBERT G. ELFMAN
Street Address (P.O. Box Number is Not Acceptable)
1000 QUAYSIDE TERRACE
#810
City
MIAMI FL Zip Code
33138

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** **4/22/02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P	TITLE	
NAME	ELFMAN, ROBERT G	NAME	
STREET ADDRESS	1000 QUAYSIDE TERRACE #810	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.
SIGNATURE: *Robert G. Elfman* **4/22/02** **305-807-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)