

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G86889

1. Entity Name

REVELL INVESTMENTS INTERNATIONAL, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90050 025 ***150.00

Principal Place of Business

Mailing Address

~~3770 SW 8TH ST~~
~~SUITE 200~~
CORAL GABLES FL 33134
US

~~3770 SW 8TH ST~~
~~SUITE 200~~
CORAL GABLES FL 33134
US

2. Principal Place of Business

800 DOUGLAS ENTRANCE

3. Mailing Address

800 DOUGLAS ENTRANCE

Suite, Apt. #, etc.

ANNEX BUILDING, SUITE 250

Suite, Apt. #, etc.

ANNEX BUILDING, SUITE 250

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2375666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REVELL, WALTER L.

Name

Street Address (P.O. Box Number is Not Acceptable)

800 DOUGLAS ENTRANCE, ANNEX 250

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME REVELL, WALTER L.
STREET ADDRESS 3770 SW 8TH ST STE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME 800 DOUGLAS ENTRANCE, ANNEX 250
STREET ADDRESS
CITY-ST-ZIP

TITLE PDS ☐ Delete
NAME REVELL, SHEILA W.
STREET ADDRESS 3770 SW 8TH ST STE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME 800 DOUGLAS ENTRANCE, ANNEX 250
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME REVELL, KEITH D.
STREET ADDRESS 3770 SW 8TH ST STE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME 800 DOUGLAS ENTRANCE, ANNEX 250
STREET ADDRESS
CITY-ST-ZIP

TITLE VDT ☐ Delete
NAME ELMSLIE, DINA CO
STREET ADDRESS 3770 SW 8TH ST STE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME 800 DOUGLAS ENTRANCE, ANNEX 250
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME REVELL, ELLIOT N.
STREET ADDRESS 3770 SW 8TH ST STE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME 800 DOUGLAS ENTRANCE, ANNEX 250
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0158343