

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90045 037 ***150.00

953636

DO NOT WRITE IN THIS SPACE

DOCUMENT # J52721

1. Entity Name

America Realty Advisors, Inc.

Principal Place of Business

7724 N.W. 53 Street
 Miami, FL 33166

Mailing Address

7724 N.W. 53 Street
 Miami, FL 33166

2. Principal Place of Business

100 Almeria Avenue

3. Mailing Address

100 Almeria Avenue

Suite, Apt. #, etc.

Suite #206

Suite, Apt. #, etc.

Suite #206

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0033616

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Arellano-Lamar, Pedro
 100 Almeria Avenue
 Suite 206
 Coral Gables, FL 33134

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

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, 2000 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: SPD
 NAME: Arellano-Lamar, Pedro
 STREET ADDRESS: 100 Almeria Avenue, Suite #206
 CITY-ST-ZIP: Coral Gables, FL 33134 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

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 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)