

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003245
 1. Entity Name
REALTY EXECUTIVES OF BROWARD - MACOL REALTY SERV

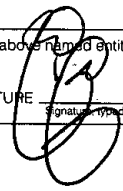
Principal Place of Business Mailing Address
2495 EAGLE WATCH LANE WESTON FL 33327 **2495 EAGLE WATCH LANE WESTON FL 33327**

2. Principal Place of Business 3. Mailing Address
150 N UNIVERSITY DR. SUITE 200 PLANTATION, FL 33324 BROWARD **150 N UNIVERSITY DR SUITE 200 PLANTATION, FL 33324 BROWARD**

4. FEI Number **65-1003501** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**NATIONSCORP REGISTERED AGENTS, INC.
 526 EAST PARK AVENUE
 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  DATE **9/21/01**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
ROBERT COALLA 13060 VISTA ISLE DR #217 SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MDRELLA MACHADO 2547 SANTUARY DRIVE WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DSCAR MACHADO 2547 SANTUARY DRIVE WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
700004616747--7 -09/28/01--01069--003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **9/21/01 (95A) 916-1212**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 SEP 25 PM 10:58



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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 CR2E083 (5/01)