2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # M25291** 1. Entity Name UNITED REAL ESTATE SERVICES, INC. 01-26-2000 90021 036 ***150.00 Principal Place of Business Mailing Address 7975 N.W. 154TH STREET 7975 N.W. 154TH STREET S-400 900919 MIAMI LAKES FL 33016-5849 MIAMI LAKES FL 33016 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2687436 Not a ... Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name BRIELE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7975 N.W. 154TH STREET SUITE 400 MIAMI LAKES FL 33016 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change TITLE TITLE ☐ Delete BRIELE, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 7975 HW 154TH STREET S-400 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 A 43.00 Change ☐ Delete TITLE RODRIGUEZ, ARTURO NAME NAME STREET ADDRESS STREET ADDRESS 7975 NW 154 STREET S-400 CITY-ST-ZIE CITY-ST-ZIP MIAMI LAKES FL 33016 Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additior ☐ Delete

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.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Thule RRobert Briek

☐ Delete

1/20/00

305-558-2600

☐ Addition

Daytime Phone #

Change