2001 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2001 8:00 am **DOCUMENT # M25291 Secretary of State** 1. Entity Name UNITED REAL ESTATE SERVICES, INC. 02-07-2001 90153 001 ***150.00 Principal Place of Business Mailing Address 7975 N.W. 154TH STREET 7975 N.W. 154TH STREET 00014900 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2687436 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRIELE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7975 N.W. 154TH STREET SUITE 400 MIAMI LAKES FL 33016 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ٧S TITLE TITLE ☐ Addition ☐ Delete Change NAME BRIELE, ROBERT NAME STREET ADDRESS 7975 HW 154TH STREET S-400 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI LAKES FL 33016 TITLE ☐ Delete TITLE Change ☐ Addition RODRIGUEZ, ARTURO NAME NAME STREET ADDRESS 7975 NW 154 STREET S-400 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TIT! F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

305-558-Z606

FILED