

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90426 001 ***317.50

DOCUMENT # P99000043451

1. Entity Name
COLLAZO & ASSOCIATES REALTY SERVICES, INC.

Principal Place of Business 400 SW 107TH AVENUE SUITE 306 MIAMI FL 33174	Mailing Address 400 SW 107TH AVENUE SUITE 306 MIAMI FL 33174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10689 N KENDALL DR	3. Mailing Address 10689 N KENDALL DR
Suite, Apt. #, etc. SUITE 215	Suite, Apt. #, etc. SUITE 215
City & State MIAMI FL	City & State MIAMI FL

4. FEI Number 65-0918861	Applied For
	Not Applicable

Zip 33176	Country MIAMI-DADE	Zip 33176	Country MIAMI-DADE
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COLLAZO, JORGE P
400 SW 107TH AVENUE SUITE 306
MIAMI FL 33174

7. Name and Address of New Registered Agent
 Name **COLLAZO, JORGE P**
 Street Address (P.O. Box Number is Not Acceptable) **10689 N-KENDALL DR**
SUITE 215
 City **MIAMI** **FL** Zip Code **33176**

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 **JORGE P. COLLAZO** **4/24/01** DATE
(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLAZO, JORGE P 4300 SW 130TH CT. MIAMI FL 33175 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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 **JORGE P. COLLAZO** **4/24/01** **(305) 412-6433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)