2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V66860** 1. Entity Name REAL ESTATE ASSOCIATES, INC. Principal Place of Business Mailing Address 555 SW 12TH AVE 555 SW 12TH AVE STE 100 STE 100 POMPANO BEACH FL 33069 POMPANO BACH FL 33069-3593 2. Principal Place of Business 3. Mailing Address

FILED Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90070 045 ***150.00



Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			4. FEI Number 65-0359837			oplied For	
										ot Applicable	
Zip	Country Zip Cou			5. Certificate of Status Desired S8.75 Additional Fee Required							
	6. Name	and Address of Currer	nt Registered Agent			7. N	lame and Address of New Registe	red Aç	ent		
					Name						
PATI 555		Street Address (P.O. Box Number is Not Acceptable)									
STE											
POM	CH FL 33069	City				Zip Cod	Zip Code				
					City				<u> </u>	<u>'</u>	
SIGNATURE		y SUDMITS THIS STATEMENT or printed name of registered age	nt and title if applicable	(NOTE: Registere	ad Agent signature requ		ent, or both, in the State of Florida.	ATE	<u>-</u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After MAY 1, 20 Make Check Payab					will be \$550.0	state	10. Election Campaign Financing Trust Fund Contribution.				
11.		OFFICERS AN	D DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND [DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4217 GOOTH GOLLAND				i				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, steve Uth ocean Boulev Id Beach,fl 33487	□ D	. NAM STRI	-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D	NAM STRI					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ D	NAM Stri		•			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	□ D	NAN STRI					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2		□ D	NAN STR	i i				Change	Addition	
13. I hereby of indicated	certify that the on this repo	e information supplied w	ith this filing does not is true and accurate	qualify for the exe	emption stated in ature shall have the	Section ne same l	119.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; the Statutes: and that my name appears	er certi	y that the in	nformation or director	

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: