

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90001 005 ***150.00

0369635 AV

DOCUMENT # V66860

1. Entity Name
REAL ESTATE ASSOCIATES, INC.

Principal Place of Business
555 SW 12TH AVE
STE 100
POMPANO BEACH FL 33069
US

Mailing Address
555 SW 12TH AVE
STE 100
POMPANO BACH FL 33069
US

2. Principal Place of Business
3100 NW Boca Raton Blvd
Suite, Apt. #, etc.
Suite 108
City & State
Boca Raton FL
Zip
33431-6651
Country
Palm Beach

3. Mailing Address
3100 NW Boca Raton Blvd
Suite, Apt. #, etc.
Suite 108
City & State
Boca Raton FL
Zip
33431-6651
Country
Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0359837** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PATEK, ROBERT C
555 SW 12TH AVE
STE 100
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
Name **Patek, Robert C.**
Street Address (P.O. Box Number is Not Acceptable) **3100 NW Boca Raton Blvd**
Suite 108
City **Boca Raton** **FL** **Zip Code** **33431-6651**

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 *[Signature]* **Robert C. Patek, Pres.** **1-9-02**
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 Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT PATEK, ROBERT C. 4217 SOUTH OCEAN BOULEVARD HIGHLAND BEACH FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 an other like empowered.

SIGNATURE: *[Signature]* **Robert C. Patek, Pres.** **1-9-2002** **561-368-16616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)