2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

AND TYPED OR PRINTED NAME OF

SIGNATURE:

May 13, 2000 8:00 am DOCUMENT # J52721 1. Entity Name Secretary of State America Realty Advisors, Inc. 05-13-2000 90045 037 ***150.00 Mailing Address 7724 N.W. 53 Street Principal Place of Business 7724 N.W. 53 Street Miami. FL 33166 Miami, FL 33166 953636 2. Principal Place of Business 3. Mailing Address 100 Almeria Avenue 100 Almeria Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #206 <u>Suite #206</u> 4. FEI Number City & State City & State Applied For Coral Gables, Coral Gables, FL FL65-0033616 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33134 33134 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Arellano-Lamar, Pedro 100 Almeria Avenue Street Address (P.O. Box Number is Not Acceptable) Suite 206 Coral Gables, FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW! IL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Change ☐ Addition NAME Arellano-Lamar, Pedro NAME STREET ADDRESS STREET ADDRESS 100 Almeria Avenue, Suite #206 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33134 ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE 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 TITLE ☐ 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-7IP 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 any 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

1305-42620060