

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90031 038 \*\*\*150.00

**DOCUMENT # 528404**

1. Entity Name

**FIRST MIAMI REALTY, INC.**

Principal Place of Business

**412 SE 33RD STREET  
CAPE CORAL FL 33904  
US**

Mailing Address

**412 SE 33RD STREET  
CAPE CORAL FL 33904  
US**

2. Principal Place of Business

**1314 E. CAPE CORAL PKWY**

3. Mailing Address

**P.O. BOX 1335**

Suite, Apt. #, etc.

**SUITE # 203**

Suite, Apt. #, etc.

City &amp; State

**CAPE CORAL, FL**

City &amp; State

**CAPE CORAL, FL**

Zip

**33904**

Country

**US**

Zip

**33910**

Country

**US**

4. FEI Number

**59-1724436**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SENDRA, JOSE A.  
412 SE 33RD STREET  
CAPE CORAL FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1314 E. CAPE CORAL PKWY SUITE # 203**

City

**CAPE CORAL****FL****33904**

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)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SENDRA, JOSE A	
STREET ADDRESS	412 SW 33RD STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1314 E. CAPE CORAL PKWY SUITE # 203	
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARQUEZ, CARMEN	
STREET ADDRESS	175 FONTAINEBLEAU BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33172	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, ROSARIO	
STREET ADDRESS	1314 E. CAPE CORAL PKWY SUITE # 203	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)