

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 564694

1. Entity Name

REAL ESTATE MANAGEMENT, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90086 016 \*\*\*150.00

Principal Place of Business

Mailing Address

~~11430 N. KENDALL DR~~

9010 SW 137th AVE

~~11430 N. KENDALL DR~~

9010 SW 137th AVE

~~MIAMI FL 33176~~

206

~~MIAMI FL 33176~~

MIAMI FL

~~US~~

US

2. Principal Place of Business

3. Mailing Address

9010 SW 137th AVE

9010 SW 137th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

206

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Zip

33186

33186

Country MIAMI

Country MIAMI

DADE

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGO, MARCOS H.

~~11430 N. KENDALL DR~~

~~217~~

~~MIAMI FL 33176~~

9010 SW 137th AVE

206

MIAMI, FL 33186

Name

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

City

FL

Zip Code

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	REGO, MARCOS H	
STREET ADDRESS	11430 N. KENDALL DR 214	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 (9/99)