2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 565032 1. Entity Name REAL ESTATE INVESTOR MANAGEMENT SERVICE, INC.					FILED Jan 25, 2000 8:00 am Secretary of State 01-25-2000 90043 039 ***150.00		
Principal Place of Business Mailing Address							
524 S ANDREWS AVE. STE 200N FT. LAUDERDALE FL 33301		524 S ANDREWS AVE. STE 200N FT. LAUDERDALE FL 33301-2845		ĺ	905 Lande bind bind den akti and hind bind bind bind bind bind bind bind b	862	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.]	DO NOT WRITE IN THIS SPACE		
City & State	9	City & State		4. 1	El Number 59-1789478	Applied For	
Zip	Country	Zip	Country	5.		.75 Additional Required	
	6. Name and Address of Current F	Registered Agent		7.	ame and Address of New Registered Age	лt	
524 \$ FT U	D, THOMAS E S ANDREWS AVE STE 204E AUDERDALE FL named entity submits this statement for	the purpose of changing its	City		ox Number is Not Acceptable) FL ent, or both, in the State of Florida.	Zip Code	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature	equired when re	instating) DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW !!! I Tax filing requirement and elects to do so. After MAY 1, 2000 (See criteria on back) Make Check Payable				f State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.		DITIONS/CHANGES TO OFFICERS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BYRD, THOMAS E. 524 S ANDREWS AVENUE FT. LAUDERDALE FL	🗶 Delete	NAME	524 S.	ent K M. Scharg Andrews Ave. Suite # 20 uderdale, FL 33301	Change 🗌 Additio	
TITLE NAME STREET ADDRESS	V SCHARG, TERRY M. 524 S ANDREWS AVENUE	K Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasu Terry 524 S.	Mrer X M. Scharg Andrews Ave. Suite # 2	Change 🗌 Additi	
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indicated	on this report or supplemental report is poration or the receiver or trustee emport, or on an attachment with an address of the supplementation of the superscenee of	true and accurate and that in wered to execute this report with all other like empowered.			119.07(3)(i), Florida Statutes. I further certify legal effect as if made under oath; that I am ida Statutes; and that my name appears in B		

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SIGNATURE AND TYPE					

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		Date	•	