

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91535 006 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # 661621**  
 1. Entity Name  
**REAL ESTATE TRANSACTIONS, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>2555 COLLINS AVE., C-1<br/>MIAMI BEACH FL 33140<br/>US</b> | Mailing Address<br><b>2555 COLLINS AVE., C-1<br/>MIAMI BEACH FL 33140</b> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |

|     |         |     |         |                                    |  |
|-----|---------|-----|---------|------------------------------------|--|
| Zip | Country | Zip | Country | 4. FEI Number<br><b>59-1987913</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|-----|---------|-----|---------|------------------------------------|--|



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**COLTRANE, THOMAS D.  
 2555 COLLINS AVE  
 C-1  
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent  
 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, 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                     |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>COLTRANE, THOMAS D.<br/>2555 COLLINS AVE.,C-1<br/>MIAMI BEACH FL</b> | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DSTV<br/>COLTRANE, SILVIA<br/>2555 COLLINS AVE., C-1<br/>MIAMI BEACH FL</b> | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:** *Thomas D. Coltrane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #