

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90044 018 \*\*\*150.00

**DOCUMENT # 676992**

1. Entity Name

**EGL REAL ESTATE, INC.**

Principal Place of Business

**C/O ANA MARTIN-LAVIELLE  
901 PONCE DE LEON BLVD. STE. 502  
CORAL GABLES FL 33134**

Mailing Address

**C/O ANA MARTIN-LAVIELLE  
901 PONCE DE LEON BLVD. STE. 502  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2021170**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARTIN-LAVIELLE, ANA  
901 PONCE DE LEON BLVD  
STE. 502  
CORAL GABLES FL 33134**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
GARCIA, ELDA  
299 ALHAMBRA CIRCLE - SUITE 318  
CORAL GABLES FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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)

Attachment  
TRIAL LAWYERS & MEDIATORS

924583

DOC # 676992

Perez-Abreu  
Martin-Lavielle  
Professional Association

JAVIER PEREZ-ABREU  
Attorney at Law  
Board Certified Marital  
& Family Law  
Certified Arbitrator  
& Mediator

ANA MARTIN-LAVIELLE  
Attorney at Law  
Board Certified Marital  
& Family Law  
Certified Mediator

February 22, 2000

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: EGL Real Estate, Inc.

Dear Sir/Madam:

Enclosed please find the Annual Report and check in the amount of \$150.00 in connection with the above captioned corporation.

Sincerely,

**PEREZ-ABREU & MARTIN-LAVIELLE, P.A.**

By: 

ANA MARTIN-LAVIELLE, ESQ.

AML/asd  
Enclosures