

**2000 UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**  
 02-14-2000 90018 009 \*\*\*150.00

**DOCUMENT # F48037**  
 Entity Name  
**BOULTON & GIL REALTY, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>WEST 10TH COURT<br>MIAMI FL 33010 | Mailing Address<br>6121 CORAL WAY<br>MIAMI FL 33155-2018<br>US |
|--|--|

|  |   |
|--|---|
| Principal Place of Business<br><b>6595 NW 36 ST.</b> | 3. Mailing Address<br><b>6121 CORAL WAY</b> |
| Suite, Apt. #, etc.<br><b>320 B</b>                  | Suite, Apt. #, etc.                         |
| City & State<br><b>MIAMI, FLORIDA</b>                | City & State<br><b>MIAMI - FLORIDA</b>      |
| Zip<br><b>33166</b>                                  | Country<br><b>U.S.A.</b>                    |
| Zip<br><b>33155</b>                                  | Country<br><b>USA</b>                       |

**600**



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2572316</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DAVIDSON, PAMELA<br/>6121 CORAL WAY<br/>MIAMI FL 33155</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|--|--|---|--|

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

| OFFICERS AND DIRECTORS                                   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---------------------------------|---|---|
| P<br>CACCIAVILLANI, RAFAEL<br>4390 SW 14 ST.<br>MIAMI FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DS<br>DAVIDSON, PAMELA<br>6121 CORAL WAY<br>MIAMI FL     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: RAFAEL L. CACCIAVILLANI** **2/2/00** **(305) 262-8870**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)