2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G64782

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90310 007 ***150.00

1. Entity Name

~~RE/MAX JUPITER TEQUESTA INC~~ N/C 4-27-200 MAX III

Principal Place of Business Mailing Address

2. Principal Place of Business	3. Mailing Address
5250 N OCEAN DR	5250 N. OCEAN DR
Suite, Apt. #, etc. 8N	Suite, Apt. #, etc. 8N
City & State RIVIERA BEACH FL	City & State RIVIERA BEACH FL
Zip 33404 Country US	Zip 33404 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2336257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RONALD ASSEF
5250 N OCEAN DR #8N
RIVIERA BEACH FL 33404

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, 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

TITLE	PP	☐ Delete
NAME	BETTY ASSEF	
STREET ADDRESS	5250 N OCEAN DR #8N	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E031 (10/99)

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: B. Assef Betty Assef Apr 20/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #