

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90149 037 ***558.75

DOCUMENT # G80741

1. Entity Name
REI ADVISORS, INC.

Principal Place of Business
**3250 MARY ST.
 SUITE 306
 MIAMI FL 33133**

Mailing Address
**3250 MARY ST.
 SUITE 306
 MIAMI FL 33133**

80065615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2393732**

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

~~MCGRATH, GREGORY K~~
4691 GULF OF MEXICO DR
~~101~~
LONGBOAT KEY FL 34228

Name **Levine, Alan W**
 Street Address (P.O. Box Number is Not Acceptable) **110 BACKLICK AVE HER**
 City **MIAMI** FL Zip Code **33131**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PSTD MCGRATH, GREGORY K 7826 COOPER RD CINCINNATI OH 45242	<input checked="" type="checkbox"/> Delete	
			PAUL STANFURD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3250 MARY ST., #306 MIAMI FL 33133 PAUL
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	

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 REQUIRED** **8/23/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)