

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90696 020 ****50.00

0054538

DOCUMENT # L02000016878

1. Entity Name
REAL ESTATE ONE, LLC



Principal Place of Business

P.O. BOX 530864
MIAMI SHORES FL 33153

Mailing Address

P.O. BOX 530864
MIAMI SHORES FL 33153

2. Principal Place of Business

9822 NE 2 AVE STE 1

Suite, Apt. #, etc.

1

City & State

MIAMI SHORES, FL

Zip

33138

Country

USA

3. Mailing Address

9822 NE 2 AVE

Suite, Apt. #, etc.

STE 1

City & State

MIAMI SHORES FL

Zip

33138

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-1013141

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~MATOS, ROBERTO~~
~~600 BRICKELL AVE. SUITE 300A~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name **KIM FOSTER**

Street Address (P.O. Box Number is Not Accepted) **9822 NE 2 AVE STE 1**

MIAMI SHORES, FL

City

FL

Zip Code

33138

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kim Foster* **KIM FOSTER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **KIM FOSTER** **MEMBER** ☐ Delete
NAME
STREET ADDRESS **9822 NE 2 AVE STE 1**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/03 305-758-3122

CR2E083 (10/02)