**DOCUMENT # L78831** 

1. Entity Name

REVIER REAL ESTATE CORPORATION

Principal Place of Business DE ILIAY DADTNEDO

Mailing Address

DE MAY DADTHEDO

## Apr 28, 2001 8:00 am Secretary of State

04-28-2001 90067 018 \*\*\*150.00

2810 E. OAKLAND PARK BL. #200 FT. LAUDERDALE FL 33306		2810 E. OAKLAND PARK BL. #200 FT. LAUDERDALE FL 33306			nnn47999			
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State		· · · · · ·	4. FEI Number 65-020917	9	Applied For	ble
Zip	Country	Zip Cour		<del></del>	5. Certificate of Status Desired		5 Additional Required	$\neg$
6. Name and Address of Current Registered Agent					7. Name and Address of New F	Registered Agent		
TO THE SECOND STATE OF THE				Name ;	-			
GLYNN, RAYMOND E. 2810 E OAKLAND PARK BLVD #200 FT LAUDERDALE FL 33306				Street Address (P.O. Box Number is Not Acceptable)				
				Dity		FL Z	ip Code	-
8. The above	named entity submits this statement f	or the purpose of changing its	registered	office or register	red agent, or both, in the State of Flo	orida,		7
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Ag	ent signature required	when reinstating)	DATE	<del></del>	
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		l be \$550.00				
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 11	⇉.
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NAME REVIER, LARRY				70	in - and on	DODY NIL	n ++ ~ .	3
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NAME				PO	BERT P. DOWE		ridingriduit	"
			STREET A	DDRESS 28/	O E OAKLAND PARK	BLVO,S41#	<b>300</b>	
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NAME	SICILIA, RICK	HTT	NAME					
				DORESS				
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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 export 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

KOEHLER, PATRICIA

2810 E. OAKLAND PK BLVD. SUITE 200

FORT LAUDERDALE FL 33306

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete