

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90037 036 \*\*\*150.00

**DOCUMENT # L78831**

1. Entity Name  
**REVIER REAL ESTATE CORPORATION**



Principal Place of Business  
**RE/MAX PARTNERS  
2810 E. OAKLAND PARK BL. #200  
FT. LAUDERDALE FL 33306**

Mailing Address  
**RE/MAX PARTNERS  
2810 E. OAKLAND PARK BL. #200  
FT. LAUDERDALE FL 33306**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**297 TROPIC DRIVE**  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0209179** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GLYNN, RAYMOND E.  
2810 E OAKLAND PARK BLVD #200  
FT LAUDERDALE FL 33306**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>REVIER, LARRY<br/>2810 E OAKLAND PARK BLVD STE 200<br/>FT. LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVPS<br/>GLYNN, RAYMOND E.<br/>2810 E. OAKLAND PK BLVD. SUITE 200<br/>FT. LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>DOWE, ROBERT P<br/>2810 E OAKLAND PARK BLVD STE 200<br/>FT. LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>GRUBER, DALE<br/>2810 E. OAKLAND PK BLVD. SUITE 200<br/>FORT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>SICILIA, RICK<br/>2810 E. OAKLAND PK BLVD. SUITE 200<br/>FORT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>BRADLEY, PATRICIA<br/>2810 E. OAKLAND PK BLVD. SUITE 200<br/>FORT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D-CEO<br/>REVIER, LARRY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D-PRES<br/>GLYNN, RAYMOND E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP<br/>DOWE, ROBERT P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>WANITA CLOUTIER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>2810 E OAKLAND PARK BLVD #200<br/>FORT LAUDERDALE FL 33306</b> |

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4/15/03** **954-351-0914**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1410001 1A1

CR2E034 (10/02)