

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90382 042 ****50.00

DOCUMENT # L97000001381

1. Entity Name

REAL ESTATE ASSOCIATE SERVICES, L.C.

Principal Place of Business

1711 WORTHINGTON ROAD, #202
 WEST PALM BEACH FL 33409

Mailing Address

1711 WORTHINGTON ROAD, #202
 WEST PALM BEACH FL 33409

2. Principal Place of Business

1601 BELVEDERE RD

3. Mailing Address

E SAME AS 2

Suite, Apt. #, etc.

504 E

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

Zip

33406

Country

USA

Country

4. FEI Number

65-0799117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES F

1711 WORTHINGTON ROAD, #202
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME AS 2

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

4/12/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
MILLER, JAMES F
1711 WORTHINGTON ROAD, #202
WEST PALM BEACH FL 33409

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
KIMBLE, ANITA Z
1711 WORTHINGTON RD, #202
WEST PALM BEACH FL 33409

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
1601 BELVEDERE RD 504E
33406

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
1601 BELVEDERE RD 504E
33406

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

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☐ Change ☐ Addition

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

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 REQUIRED

4/12/02

5616878997

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

Date

Daytime Phone #

CR2E083 (9/01)