

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M49178

1. Entity Name

RESIDENTIAL ADVISERS, INC.

091400

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 20 PM 2:59

Principal Place of Business

2655 S. LEJEUNE RD.  
PHI-C  
CORAL GABLES FL 33134  
US

Mailing Address

2655 S. LEJEUNE RD.  
PHI-C  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

4970 SW 72 Avenue

3. Mailing Address

4970 SW 72 Avenue

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

miami, FL

City & State

miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

59-2798405

Applied For

Not Applicable

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

ESTEVEZ, ANTHONY J.  
2655 S. LEJEUNE ROAD, SUITE 716  
CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 13, 2000 Min. 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ESTEVEZ, ANTHONY  
CITY-ST-ZIP 2655 S. LEJEUNE RD.  
CORAL GABLES FL

TITLE ☐ Change ☐ Addition  
NAME 600003414588-08  
STREET ADDRESS -10/05/00--01052--002  
CITY-ST-ZIP \*\*\*6050.00 \*\*\*\$550.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00  
Date

(305) 740-0141  
Daytime Phone #

CR2E034 (5/00)