

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90081 041 ***150.00

0227691

DOCUMENT # M50347

1. Entity Name

CROMARTIE'S REAL ESTATE, INC.

Principal Place of Business

Mailing Address

1031 IVES DAIRY RD
 STE 228
 MIAMI FL 33179
 US

1031 IVES DAIRY RD
 STE 228
 MIAMI FL 33179
 US

2. Principal Place of Business

3. Mailing Address

39 NW 166 Street

39 NW 166 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

North Miami, FLA

North Miami, FLA

Zip

Country

Zip

Country

33169

USA

33169

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2793665

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

CROMARTIE, EDORIS JR.
4011 N.W. 188 STREET
MIAMI FL 33055

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

Edoris Cromartie Jr.
EDORIS CROMARTIE, JR., AGENT
(NOTE: Registered Agent signature required when reinstating)

4/26/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing 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 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
PST
 NAME **CROMARTIE, EDORIS JR.**
 STREET ADDRESS **4011 N.W. 188 STREET**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

Edoris Cromartie Jr.
EDORIS CROMARTIE, JR., President
 Date *4/26/01* Daytime Phone # *305/947-4277*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)