

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77825

1. Entity Name

R & M REAL ESTATE INVESTMENT CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90036 007 ***150.00

Principal Place of Business

7200 MINDELLO ST.
CORAL GABLES FL 33143
US

Mailing Address

7200 MINDELLO ST.
CORAL GABLES FL 33143-6234
US

2. Principal Place of Business

2 GRANGE ISLE DRIVE

3. Mailing Address

2 GRANGE ISLE DRIVE

Suite, Apt. #, etc.

1508

Suite, Apt. #, etc.

1508

City & State

CUCUNUT GROVE FLA

City & State

CUCUNUT GROVE FLA

4. FEI Number

65-0319112

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

MINTZ, LAWRENCE
7200 MINDELLO ST
CORAL GABLES FL 33143

Name

MINTZ, LAWRENCE

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

2 GRANGE ISLE DRIVE #1508

City CUCUNUT GROVE

FL

Zip Code 33133

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 \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
MINTZ, LAWRENCE
7200 MINDELLO ST.
CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2 GRANGE ISLE DRIVE #1508
CUCUNUT GROVE FLA. 33133

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)