## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am **DOCUMENT # M93874** Secretary of State RESOURCE REAL ESTATE GROUP, INC. 05-03-2001 90982 049 \*\*\*150.00 Principal Place of Business Mailing Address 1829 TIGERTAIL AVE 1829 TIGERTAIL AVENUE MIAMI FL 33133 100404 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #; etc. ---Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0184706 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOUSTON, JAMES BRETT Street Address (P.O. Box Number is Not Acceptable) **1829 TIGETAIL AVE COCONUT GROVE FL 33133** City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 40. Election Campaign Financing --\$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition CR2E034 (10/00 TITLE Delete TITLE HOUSTON, JAMES BRETT NAME NAME STREET ADDRESS 1829 TIGERTAIL AVE. STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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: J. Buth Howston J. Brett Houston President 4/16 how 305. 255.847.

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Dayline Proces