

2001 UNIFORM BUSINESS REPORT (UBR)5/5/
* 5**FILED**
May 31, 2001 8:00 am
Secretary of State

05-05-2001 90311 001 ****61.25

05-05-2001 90311 002 ****8.75

DOCUMENT # N00000006629

1. Entity Name

REAL ESTATE CLEARINGHOUSE INTERNATIONAL, INC.

Principal Place of Business

4790 W. COMMERCIAL BLVD.
TAMARAC FL 33319

Mailing Address

4790 W. COMMERCIAL BLVD.
TAMARAC FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139Name
CARLTON NELSON

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

4790 W COMMERCIAL BLVD**TAMARAC FL**City
TAMARAC

FL

Zip Code
33319

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D NELSON, CARLTON	4790 W. COMMERCIAL BLVD.	TAMARAC FL 33319	<input type="checkbox"/>
	D CUNHA, CARMEN	4790 W. COMMERCIAL BLVD.	TAMARAC FL 33319	<input type="checkbox"/>
	D PURCELL, JAMES	4790 W. COMMERCIAL BLVD.	TAMARAC FL 33319	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	T PURCELL, JAMES	4790 W COMMERCIAL BLVD	TAMARAC, FL 33319	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (1/00)