# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Mar 28, 2002 8:00 am**
**Secretary of State**
02-11-2002 90151 043 ****61.25

DOCUMENT # N13862

1. Entity Name

FLORIDA CHAPTER OF CERTIFIED RESIDENTIAL SPECIAL IST OF RESIDENTIAL SALES COUNCIL OF RNMI, INCORP

| Principal Place of Business | Mailing Address |
|---|---|
| FLORIDA CRS CHAPTER<br>1528 S. TUTLE AVE<br>SARASOTA FL 34239<br>US | FLORIDA CRS CHAPTER<br>1528 S. TUTLE AVE<br>SARASOTA FL 34239<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2360743 ☐ 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 |
|---|---|
| ROSE, SHARYN<br>248 PIAZA DI LUNA<br>VENICE FL 34285. | Name: DEBORAH VALLEDOR<br>Street Address (P.O. Box Number is Not Acceptable): ~~1450 CORAL WAY~~ 100 ALMERIA AVE, #230<br>City: ~~MIAMI~~ CORAL GABLES FL Zip Code: ~~33145~~ 33134 |

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: D Valledor  Deborah M. Valledor  3/11/02
(Signature, typed or printed name of registered agent and title if applicable.)  (NOTE: Registered Agent signature required when reinstating)  DATE

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROSE, SHARYN<br>248 PIZA DI LUNA<br>VENICE FL 34285 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>VALLEDOR, DEBORAH<br>1450 CORAL WAY<br>MIAMI FL 33145 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (D) PRESIDENT<br>VALLEDOR, DEBORAH<br>~~1450 CORAL WAY~~ 100 ALMERIA AVE, #230<br>~~MIAMI FL 33145~~ CORAL GABLES, FL 33134 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>RAZZANO, KATHY<br>4204 W. LINEBAUGH AVE<br>TAMPA FL 33624 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (D) SECRETARY<br>KATHLEEN RAZZANO<br>4204 W. LINEBAUGH AVE<br>TAMPA FL 33624 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MCCALL, MARY<br>14823 N. DALE MABRY<br>TAMPA FL 33618 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (D) PRESIDENT ELECT<br>MCCALL, MARY<br>14823 N. DALE MABRY<br>TAMPA, FL 33618 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (D) TREASURER<br>ISRAEL AMEIJEIRAS<br>1051 W. 29TH ST. STE #3<br>HIALEAH FL 33012 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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: D Valledor  Deborah Valledor  01/23/02  305-445-2221
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)  (Date)  (Daytime Phone #)