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## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jan 29, 2002 8:00 am **DOCUMENT # N28570 Secretary of State** 1. Entity Name 01-29-2002 90030 007 \*\*\*\*61.25 ATTORNEYS REAL ESTATE COUNCIL OF DADE COUNTY. IN Principal Place of Business Mailing Address 9200 SO DADELAND BLVD 9200 SO DADELAND BLVD SUITE 308 SUITE 308 MIAMI FL 33156 **MIAMI FL 33156** 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 65-0073569 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) ZIMMETT BLAIR I 9200 SO DADELAND BLVD **SUITE 308** City Zip Code **MIAMI FL 33156** 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. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TIŢĻĒ TD TITLE ☐ Addition ☐ Delete ☐ Change NAME HANAFOURDE, BRADLEY NAME STREET ADDRESS STREET ADORESS 9200 SOUTH DADELAND BLVD, SUITE 308 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete Change Addition TITLE DEUTCH RICHARD NAME WHITAKER, JOHN SE SRU AVE #3050 STREET ADDRESS STREET ADDRES <del>9370 SUNSET DR/STE A</del>255 CITY-ST-ZIP --CITY-ST-ZIP MIAMI FL 33173 - -Delete ■ Addition TITLE TITLE Change NAME ZIMMETT, CRAIG NAME STREET ADDRESS STREET ADDRESS 9200 SO DADELAND BLVD, SUITE 308 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Addition TITLE $\mathcal{T}$ NAME Lucas, George NAME 7875 BIRD RD #228 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 adaress, with all other like empowered.

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