2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P0000012609 1. Entity Name REAL-ESTATE-ANYWHERE-COM-INC. 04-04-2001 90062 046 ***150.00 Principal Place of Business Mailing Address 2701 E. OAKLAND PARK BLVD. 2701 E. OAKLAND PARK BLVD. SUITE A SUITE A 041400 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable Countra Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent. DAVID, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 2701 E. OAKLAND PARK BLVD. SUITE A FORT LAUDERDALE FL 33306 City Zip Code or the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subm SIGNATURE Signature, typed or pri nd title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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. **PSTD** CR2E034 (10/00) TITLE Delete TIT! F DAVID, STEVEN J NAME NAME 2701 E. OAKLAND PARK BLVD. SUITE A STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deletē HTLE" ~ [-] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 13. I hereby certify that the information supplied with this filing coes 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 port is true and adcurate 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 employed by 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 add SIGNATURE:

IG OFFICER OR DIRECTOR