

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90079 017 ***150.00

DOCUMENT # P00000040506

1. Entity Name
MSRE, INC.

Principal Place of Business
**13701 SW KENDALL DR., SUITE 304
MIAMI FL 33186**

Mailing Address
**13701 SW KENDALL DR., SUITE 304
MIAMI FL 33186**

00004734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13701 N. Kendall Dr		3. Mailing Address 13701 N Kendall Dr	
Suite, Apt. #, etc. Suite 304		Suite, Apt. #, etc. Suite 304	
City & State Miami FL		City & State Miami FL	
Zip 33186	Country USA	Zip 33186	Country USA

4. FEI Number 93-1191528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOON, DAVID 13701 SW KENDALL DR., SUITE 304 MIAMI FL 33186		7. Name and Address of New Registered Agent Name Boon, David Street Address (P.O. Box Number is Not Acceptable) 13701 N. Kendall Dr Ste 306 Miami FL City FL Zip Code 33186	
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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]

[Signature]

1/9/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOON, DAVID 13701 SW KENDALL DR., SUITE 304 MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 13701 N Kendall Dr Ste 306 Miami FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BOON, SUSAN 13701 SW KENDALL DR., SUITE 304 MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 13701 N Kendall Dr Ste 306 Miami FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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:

[Signature] **Secretary / Director**

1/9/01

Date

305 3822112

Daytime Phone #

CR2E034 (10/00)