

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90229 018 \*\*\*150.00

**DOCUMENT # P00000040506**

1. Entity Name  
**MSRE, INC.**

Principal Place of Business

**13701 SW KENDALL DR., SUITE 306  
 MIAMI FL 33186**

Mailing Address

**13701 SW KENDALL DR., SUITE 306  
 MIAMI FL 33186**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **93-1191528**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BOON, DAVID  
 13701 SW KENDALL DR., SUITE 306  
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

**Boon, David**

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

**16417 S.W. 73rd Ln.**

City

**Miami**

**FL**

Zip Code  
**33193**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

TITLE **PD** ☐ Delete  
 NAME **BOON, DAVID**  
 STREET ADDRESS **13701 SW KENDALL DR., SUITE 304**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **STD** ☐ Delete  
 NAME **BOON, SUSAN**  
 STREET ADDRESS **13701 SW KENDALL DR., SUITE 304**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Boon, David**  
 STREET ADDRESS **16417 S.W. 73rd Ln.**  
 CITY-ST-ZIP **Miami, FL 33193**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Boon, Susan**  
 STREET ADDRESS **16417 S.W. 73rd Ln.**  
 CITY-ST-ZIP **Miami, FL 33193**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Bullis, Kary**  
 STREET ADDRESS **15960 S.W. 77 St.**  
 CITY-ST-ZIP **Miami, FL 33193**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

*Kary Bullis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kary Bullis**

**9/9/02**

**(305)382-2112**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 929032  
#BX00040506

**MSRE, Inc.**  
13701 N. Kendall Dr. Suite #306  
Miami, FL 33186

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September 9, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Uniform Business Report  
EIN 93-1191528

To Whom It May Concern:

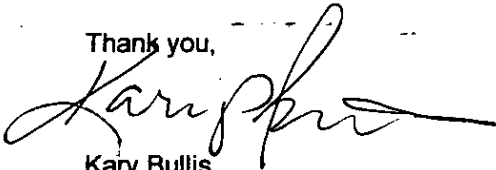
I'm writing you this letter to inform you that our office did not receive a prior notification to the Uniform Business Report that we are submitting today.

Our Company Accountant recently moved from Oregon to Miami and it is possible that the original notice was sent to an incorrect address.

Please accept the enclosed check for \$150.00 as payment in full of our 2002 Corporate fees. We appreciate your consideration on the removal of any late fees.

Please contact me at (305) 382-2112 if you have any questions.

Thank you,



Kary Bullis  
Secretary, MSRE, Inc.