

5/15/01

5/15/01-90144-02

FILED

Jun 27, 2001 8:00 am
Secretary of State

05-15-2001 90144 021 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072512

1. Entity Name

REALSTATE, INC.

Principal Place of Business

3045 NORTH FEDERAL HWY.
26 CORAL CENTER, #4
FT. LAUDERDALE FL 33306

Mailing Address

3045 NORTH FEDERAL HWY.
26 CORAL CENTER, #4
FT. LAUDERDALE FL 33306

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

APPLIED FOR

X Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIBBS, CHARLES C.
3045 NORTH FEDERAL HWY.
26 CORAL CENTER, #4
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 the applicable

NOTE: Registered Agent signature required when re-issuing

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 \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
Charles C. Hibbs
3045 N. FEDERAL HWY #26
FT. LAUDERDALE, FL 33306☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
President☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-566-8633

CR2E034 (10/00)