

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000085018**1. Entity Name
RPM HOMES REALTY INC.

Principal Place of Business 7171 CORAL WAY, SUITE 311 MIAMI FL 33155	Mailing Address 7171 CORAL WAY, SUITE 311 MIAMI FL 33155
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2. Principal Place of Business 7171 CORAL WAY	3. Mailing Address 7171 CORAL WAY
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Suite, Apt. #, etc. SUITE 311	Suite, Apt. #, etc. SUITE 311
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33155	Country	Zip 33155	Country
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4. FEI Number 65-1059550	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCOMAS MARTA M
7171 CORAL WAY, SUITE 311

MIAMI FL 33155**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 _____ **01/15/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	SD	☐ Delete
NAME	ESTRADA CARMEN A	
STREET ADDRESS	P.O. BOX 331435	
CITY-ST-ZIP	MIAMI FL 33153	
TITLE	PD	☐ Delete
NAME	COMAS ROLANDO G	
STREET ADDRESS	15575 SW 112TH WAY	
CITY-ST-ZIP	MIAMI FL 33196	
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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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 all other like empowered.

SIGNATURE: ROLANDO G. COMAS

D

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)