

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 49407 00000086007

1. Entity Name
DISCOUNT REALTORS OF AMERICA FLORIDA DIVISION CORP.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90380 005 ***150.00

Principal Place of Business
8500 SW 8 STREET SUITE 256
MIAMI, FL 33144

Mailing Address
SAME 8500 SW 8 ST
SUITE 256
MIAMI, FL 33144

2. Principal Place of Business
MIAMI, FL
Suite, Apt. #, etc.
256

3. Mailing Address
SAME 8500 SW 8 ST
SUITE 256
MIAMI, FL 33144

City & State
MIAMI FL
Zip
33144

City & State
MIAMI FL
Zip
33144

4. FE Number
65-1065875

Apply
Not Applicable

5. Certificate of Status Desired ☐

\$5.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBERTO LEY
8500 SW 8 ST #256
MIAMI, FL 33144

Name ALBERTO LEY
Street Address (P.O. Box Number is Not Acceptable)
8500 SW 8 ST #256
MIAMI FL 33144
City MIAMI FL Zip Code 33144

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 ALBERTO LEY

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

NOTE: Registered Agent signature required when releasing

DATE

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

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00
Added

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME ALBERTO LEY (P)
STREET ADDRESS 8500 SW 8 ST #256
CITY-ST-ZIP MIAMI, FL 33144 ☐ Delete

TITLE
NAME V.P.
STREET ADDRESS EMY RODRIGUEZ
CITY-ST-ZIP 680 W. FLAGLER ST
MIAMI FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statute. I further certify that the information 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 Statute; and that my name appears in Block 11 changed, or on an attachment with an address, with all other like endorsements.

SIGNATURE:

Signature and typed or printed name of business officer or director

4/24/01 (305) 586-0939

Date Daytime Phone