

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 007 ***150.00

DOCUMENT #

1. Entity Name

P00000095917
Real Estate Service & Consulting C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 E Hallandale Bch Blvd
H 802

3. Mailing Address

2500 E Hallandale Bch Blvd # 802
H 802

DO NOT WRITE IN THIS SPACE

City & State

Hallandale FL

City & State

Hallandale FL

4. FEI Number

65-1045994

Applied For

Not Applicable

Zip

33009

Country

Broward

Zip

33009

Country

Broward

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sandra Bowe

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

2500 E Hallandale Bch Blvd # 802

City

Hallandale FL

FL

Zip Code

33009

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

Sandra Bowe - President

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

(NOTE: Registered Agent signature required when constituting)

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

President
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Sandra Bowe
2500 E Hallandale Bch Blvd
802 Hallandale FL 33009

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Bowe - President - SANDRA BOWES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)