

2001 UNIFORM BUSINESS REPORT (UBR)

3/26/02

FILED
Apr 30, 2001 8:00 am
Secretary of State

03-26-2001 90064 001 ***300.00

DOCUMENT # P00000108740
 1. Entity Name
WASHINGTON ESTATES, INC.

Principal Place of Business Mailing Address
25 SE 2ND AVE STE 435 **25 SE 2ND AVE STE 435**
MIAMI FL 33131 **MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number
65-1065835 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
TROULA, FRANCISCO
~~**25 SE 2ND AVE STE 435**~~
~~**MIAMI FL 33131**~~

7. Name and Address of New Registered Agent
 Name **JUVENAL L. FREITAS**
 Street Address (P.O. Box Number is Not Acceptable)
~~**25 SE 2nd Ave**~~ # **435**
MIAMI FL
 City State **FL** Zip Code **33131**

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 Juvenal L. Freitas DATE 4-18-01
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GIOIA, RENE B JR 25 SE 2ND AVE STE 435 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 info empowered.

SIGNATURE: Juvenal L. Freitas 3/15/01 305 35836 55
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)