

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-12-2002 90285 024 ***150.00

DOCUMENT # P01000000974

1. Entity Name

HIDEAWAY REAL ESTATE HOLDINGS, INC.

Principal Place of Business

9930 NW 47TH TERRACE
 MIAMI FL 33178-1939

Mailing Address

9930 NW 47TH TERRACE
 MIAMI FL 33178-1939

2. Principal Place of Business

3000 NW 109th Ave

3. Mailing Address

3000 NW 109th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1083472

Applied For

Not Applicable

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

REIGOSA, JOSE M
 3900 NW 79TH AVENUE
 #587
 MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

John Keeler

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

3000 NW 109th Avenue

City

Miami

FL

Zip Code

33172

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



(NOTE: Registered Agent signature required when reinstating)

2/21/2

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, 2002 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

TITLE: D
 NAME: KEELER, JOHN R
 STREET ADDRESS: 9930 NW 47TH TERRACE
 CITY-ST-ZIP: MIAMI FL 33178-1939 ☐ Delete

TITLE: D
 NAME: KEELER, MARIA F
 STREET ADDRESS: 9930 NW 47TH TERRACE
 CITY-ST-ZIP: MIAMI FL 33178-1939 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 NAME: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2

305-7765448

Date

Daytime Phone #