

5/28

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91753 038 \*\*\*150.00

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

DOCUMENT # P01000017057

1. Entity Name

SOUTH FLORIDA REAL ESTATE INVESTMENT ADVISORS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1074867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROSSZ Fiu Corporation

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

201 S. Biscayne Blvd

Suite 850

City

Miami

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 D  
 Castro, Grecia  
 201 S. Biscayne Blvd. Suite 850  
 Miami, FL 33131

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 AS  
 Cheezem, Jan Carson  
 201 S. Biscayne Blvd. Suite 850  
 Miami, FL 33131

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 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan Carson Cheezem 4/30/02 305 702 3000