

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90124 034 ***150.00

DOCUMENT # P02000042303

1. Entity Name
REAL ESTATE CAPITAL MANAGEMENT INC.



Principal Place of Business
200 SOUTH BISCAYNE BLVD SUITE 4100
MIAMI FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD SUITE 4100
MIAMI FL 33131

2. Principal Place of Business
20801 Biscayne Blvd.
Suite, Apt. #, etc.

3. Mailing Address
3056 NE 210th St.
Suite, Apt. #, etc.

City & State
Aventura, FL
Zip **33180** **Country**

City & State
Aventura, FL
Zip **33180** **Country**

4. FEI Number
41-2037936

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

CORP. INTERNATIONAL REGISTERED AGENTS INC
200 SOUTH BISCAYNE BLVD SUITE 4100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **NANCY CLIFFE**
Street Address (P.O. Box Number is Not Acceptable) **3056 NE 210th Street**
City **Aventura** **FL** **Zip Code** **33180**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE **NANCY CLIFFE** **4/14/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFFE, JOHN	
STREET ADDRESS	3056 NE 210 STREET	
CITY-ST-ZIP	Aventura FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS. CLIFFE, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3056 NE 210 Street	
STREET ADDRESS	Aventura, FL 33180	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 305-932-6904

Date Daytime Phone #

CR2E034 (10/02)