2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State
02-05-2003 90122 015 ***150.00

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DOCUMENT # P02000099380

1. Entity Name
REALTOR ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5881 NW 151 STREET SUITE 103 MIAMI FL 33014	5881 NW 151 STREET SUITE 103 MIAMI FL 33014

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2809 Bird Ave	2809 BIRD Ave
Suite, Apt. #, etc. 2-F	Suite, Apt. #, etc. 2-F
City & State Miami, FL	City & State MIAMI, FL
Zip 33133 Country Miami-Dade	Zip 33133 Country Miami-Dade

4. FEI Number 33-1021751 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA-MENOCAL, ALFREDO 555 NE 15TH STREET SUITE 100 MIAMI FL 33132	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PADRON, LEONARDO 5881 NW 151 STREET SUITE 103 MIAMI FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PADRON, JULIO S 5881 NW 151 STREET SUITE 103 MIAMI FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Leonardo Padron 2/3/03 (305) 556-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)