

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0856025 AT

DOCUMENT # P07227

1. Entity Name  
AMREAL REALTY, INC.



FILED

03 JUN 11 PM 12:45

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2000 S COLORADO BLVD  
TOWER TWO STE 2-1000  
DENVER CO 80222  
US

Mailing Address  
2000 S COLORADO BLVD  
TOWER TWO STE 2-1000  
DENVER CO 80222  
US

2. Principal Place of Business  
4582 S. ULSTER ST. PKWY.  
Suite, Apt. #, etc.  
SUITE 1100

3. Mailing Address  
4582 S. ULSTER ST. PKWY.  
Suite, Apt. #, etc.  
SUITE 1100

City & State  
DENVER

City & State  
DENVER

Zip  
80237

Country  
US

4. FEI Number 57-0768082

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  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOMPANIEZ, PETER 2000 S COLO BLVD TWR TWO #2-1000 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS BONDER, JOEL 2000 S COLO BLVD TWR TWO #2-1000 DENVER CO 80222 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT HEATH, PATRICIA 2000 S COLO BLVD TWR TWO #2-1000 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FOYE, PATRICK J 2000 S COLO BLVD TWR TWO #2-1000 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARARCH, CHAD 2000 S COLORADO BLVD TOWER 2-2-1000 DENVER CO 80222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS CORTEZ, MILES 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED CHAD ASARCH, ASST SECRETARY 6/4/03 303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)