

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11232

1. Entity Name

MARGIE REAL ESTATE INVESTMENTS, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90028 011 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O PACIFIC R.E. MGMT. CORP.  
2490 CORAL WAY SUITE #403  
MIAMI FL 33145  
US

C/O PACIFIC R.E. MGMT. CORP.  
2490 CORAL WAY SUITE #403  
MIAMI FL 33145-3449  
US

~~C/O PACIFIC R.E. MGMT. CORP.~~  
**2600 DOUGLAS ROAD**

~~C/O PACIFIC R.E. MGMT. CORP.~~  
**2600 DOUGLAS ROAD**

Suite, Apt. #, etc.  
**1004**

Suite, Apt. #, etc.  
**1004**

City & State  
**CORAL GABLES, FL.**

City & State  
**CORAL GABLES, FL.**

Zip  
**33134**

Country  
**US**

Zip  
**33134**

Country  
**US**

4. FEI Number **59-2685376**

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

MURAI, WALD, BIONDO, MATTHEWS & MORENO  
25 SE 2ND AVENUE  
SUITE 900  
MIAMI FL 33131

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MASSUH, MARGARITA %25 SE 2ND AVENUE #900 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MASSUH, GABRIEL %25 SE 2ND AVENUE #900 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Margarita Massuh MARGARITA MASSUH 3-7-2000 305-529-2488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)