

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23562

1. Entity Name

REAL ESTATE RECOVERY, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90031 021 ***150.00

Principal Place of Business 950 HERNDON PKWY #200 HERNDON VA 20170 US	Mailing Address 950 HERNDON PKWY #200 HERNDON VA 20170-5537 US
-----------------------------------------------------------------------------------	----------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State
Zip	Country

4. FEI Number 54-1497608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GELLMAN, ROBERT
 927 CLINT MOORE ROAD
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name
 Cynthia A. Tessier
 Street Address (P.O. Box Number is Not Acceptable)
 12016 NW 27 Drive
 City
 Coral Springs FL Zip Code
 33065

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 Cynthia A. Tessier
 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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD KALLIVOKAS, CHRISTOPHER 950 HERNDON PKWY #200 HERNDON VA 20170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KALLIVOKAS, PATRICIA 950 HERNDON PKWY #200 HERNDON VA 20170 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALLIVOKAS, SCOTT 950 HERNDON PARKWAY, #200 HERNDON VA 20170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GELLMAN, ROBERT 927 CLINT MOORE ROAD BOCA RATON FL 33487 <input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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

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: Cynthia A. Tessier REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3/22/00 Daytime Phone # 703/742-6789

CR2E034 (9/99)