

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90088 043 ***150.00

0002100



DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000006435

1. Entity Name
BRET TAYLOR REAL ESTATE, INC.

Principal Place of Business 420 LINCOLN ROAD #260 MIAMI BEACH FL 33139 US	Mailing Address 420 LINCOLN ROAD #260 MIAMI BEACH FL 33139-3009 US
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2. Principal Place of Business 418 Poinciana Island Dr Suite, Apt. #, etc.	3. Mailing Address 418 Poinciana Island Dr Suite, Apt. #, etc.
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City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL	4. FEI Number 65-0370636	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country USA	Zip 33160	Country USA

6. Name and Address of Current Registered Agent
TAYLOR, BRET
420 LINCOLN ROAD
STE. #260
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name **Bret Taylor**
 Street Address (P.O. Box Number is Not Acceptable)
418 Poinciana Island Dr.
 City **Sunny Isles Beach FL** Zip Code **33160**

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 *Bret Taylor* **Bret Taylor** DATE 02/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D TAYLOR, BRET 420 LINCOLN RD., #260 MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bret Taylor 418 Poinciana Island Dr Sunny Isles Beach FL 33160
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: *Bret Taylor* **Bret Taylor** DATE 02/21/00 (305) 919-9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)