

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P93000081090****1. Entity Name**

INTERCHANGE REALTY, INC.

**Principal Place of Business**INTERCHANGE REALTY INC  
3121 PONCE DE LEON BLVD  
CORAL GABLES  
33134**Mailing Address**P.O. BOX 143401  
CORAL GABLES  
33114**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number****65-0452936****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**TOYOS SUSANA  
837 LORCA STCORAL GABLES  
33133

FL

**7. Name and Address of New Registered Agent****Name**

TOYOS SUSANA

**Street Address (P.O. Box Number is Not Acceptable)**

837 LORCA ST

City  
CORAL GABLES

FL

Zip Code  
33134**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)

**04/30/2000**

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**

TITLE	DVS	<input type="checkbox"/> Delete
NAME	TOYOS SUSANA	
STREET ADDRESS	% 2000 S DIXIE HWY SUITE 101	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	D	<input type="checkbox"/> Delete
NAME	TOYOS WALDO JR	
STREET ADDRESS	% 2000 S DIXIE HWY SUITE 101	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	DPS	<input type="checkbox"/> Delete
NAME	TOYOS SUSANA	
STREET ADDRESS	837 LORCA ST	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DVS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOYOS SUSANA		
STREET ADDRESS	837 LORCA ST		
CITY-ST-ZIP	CORAL GABLES FL 33134		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOYOS WALDO JR		
STREET ADDRESS	837 LORCA ST		
CITY-ST-ZIP	CORAL GABLES FL 33134		

TITLE	DPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOYOS SUSANA		
STREET ADDRESS	837 LORCA ST		
CITY-ST-ZIP	MIAMI FL 33134		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

**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** SUSANA TOYOS

DPS 04/30/2000