## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

SIGNATURE AND TOPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 19, 2001 8:00 am Secretary of State DOCUMENT # **P94000028268** PALADIN REAL ESTATE SERVICES CORPORATION 03-19-2001 90479 030 \*\*\*150.00 Principal Place of Business Mailing Address 7370 N.W. 36TH STREET 7370 N.W. 36TH STREET SUITE 220-F SUITE 220-F UUU40141 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0481574 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAFONTAINE, ROY P Street Address (P.O. Box Number is Not Acceptable) 10619 S.W. 113TH PLACE SUITE C **MIAMI FL 33176** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 115 12. ☐ Change ☐ Addition TITLE Delete LA FONTAINE, ROY PAUL NAME NAME 7370 NW 36TH STREET, SUITE 220-F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LA FONTAINE, ROY PAUL NAME NAME STREET ADDRESS 7370 NW 36TH STREET, SUITE 220-F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_ MIAMI FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of custee 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 afforders with all other like empowered.