

DOCUMENT # P94000037056

1. Entity Name

REDLAND BROKERS EXCHANGE, INC.

Principal Place of Business

641-645 S SIXTH AVE
WAUCHULA STATE FARMERS MKT
WAUCHULA FL 33873
US

Mailing Address

PO BOX 3271
KEYLARGO FL 33037-8271
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

SWIMMER, DAVID L
8525 SW 92 ST
SUITE B4
MIAMI FL 33156

Changed

Name

Marcel

Street Address

440 Pine

Castillo

City

Tierra

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Marcel Georges, Administrator

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

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

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P BASSO, FRANK T JR.
PO BOX 1563
WAUCHULA FL 33873

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12.

TITLE

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CITY-ST-ZIP

TITLE

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 601.1 of the Florida Statutes, Chapter 601, which provides for the exemption of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, if the corporation or the receiver or trustee is a corporation or partnership organized under the laws of the United States, or on an attachment with an address, with all other like empowered.

SIGNATURE:

André L. Gerson

André L. Gerson, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-10-2000 90126 045 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0489062		Applied For
						Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWIMMER, DAVID L 8525 SW 92 ST SUITE B4 MIAMI FL 33156 <i>Changed</i>	Name <u>Marcel Georges</u> Street Address (P.O. Box Number is Not Acceptable) <u>490 Pinellas Bay Way South</u> <u>Castillo del Sol TH #2</u> City <u>Tierra Verde FL</u> <u>FL</u> Zip Code <u>33715</u>

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 Marcel Georges, Administrator (NOTE: Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BASSO, FRANK T JR. PO BOX 1563 WAUCHULA FL 33873 <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"/> 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"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.00
Date

Date _____

Daytime Phone # _____

CR2E034 (9/99)