

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000057346**

1. Entity Name
REEL ESTATE OF SOUTH FLORIDA, INC.



FILED
03 SEP 22 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**BOX 530396
MIAMI SHORES FL 33153
US**

Mailing Address
**BOX 530396
MIAMI SHORES FL 33153
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
600 NE 105 St.
Suite, Apt. #, etc.
City & State
Miami Shores, Fla
Zip
33138
Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0509633** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ORTH, SCOTT A
1380 N.E. MIAMI GARDENS DRIVE
#255
NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Benson, Gladys	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, GLADYS		NAME		
STREET ADDRESS	680 N.E. 105TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33138		CITY-ST-ZIP		
TITLE	PC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTH, MARCY		NAME		
STREET ADDRESS	9376 N.E. 9TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33138		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHLEIN, ALANA		NAME		
STREET ADDRESS	6208 LAGORCE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **9-9-03 305-757-7709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0130912 AT

CR2E034 (4/03)