

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90095 040 ***150.00

DOCUMENT # P95000004602

1. Entity Name
AMERILAND REALTY, INC.

Principal Place of Business 115 NW 167TH STREET STE #300 N MIAMI BCH FL 33169 US	Mailing Address 115 NW 167TH ST STE #300 N MIAMI BCH FL 33169 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0553495**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEHAR, SABY
 115 NW 167 ST STE 300
 NMB FL 33169**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	ELIAS, STEVEN A	115 NW 167TH ST STE 300	N MIAMI BCH FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	KASSIN, ROBERTO	115 NW 167TH STREET STE 300	N MIAMI BCH FL 33169	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVST	BEHAR, SABY	115 NW 167TH STREET STE 300	N MIAMI BCH FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	JARVIS, BRUCE R	115 NW 167TH STREET STE 300	N MIAMI BCH FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	GRANVIL, TRACY	115 NW 167TH STREET STE 300	N MIAMI BCH FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

Jackery Controller

4/10/01

305
654-1500

CR2E034 (10/00)