

2000 UNIFORM BUSINESS REPORT (UBR)

091400

DOCUMENT # P95000039936

1. Entity Name
RESIDENTIAL DIVERSIFIED INVESTMENT FUND I, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 PM 2:58

Principal Place of Business: 2655 S. LEJEUNE ROAD, SUITE PH1-C CORAL GABLES FL 33134
Mailing Address: 2655 S. LEJEUNE ROAD, SUITE PH1-C CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4970 SW 72 Avenue
3. Mailing Address: 4970 SW 72 Avenue

Suite, Apt. #, etc.: 101

City & State: Miami FL

4. FEI Number: 65-0580796
Applied For: Not Applicable

Zip: 33155 Country: USA

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

ESTEVEZ, ANTHONY J
2655 S. LEJEUNE ROAD, SUITE PH1-C
CORAL GABLES FL 33134

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

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TITLE	NAME	TITLE	NAME
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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: *X* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00 (305)740-0141
Date Daytime Phone #

CR2E034 (5/00)