

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



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business 4970 SW 72 Avenue	3. Mailing Address 4970 SW 72 Avenue
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

Miami FL

Miami FL

4. FEI Number 65-0580796

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

USA

33155

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

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	D ESTEVEZ, ANTHONY J 2655 S. LEJEUNE ROAD, SUITE PH1-C CORAL GABLES FL 33134	<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	700003414577-4 -10/05/00--01052--002 ***6050.00 ***550.00	<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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

Date

(305) 740-0141

Daytime Phone #

CR2E034 (5/00)