

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066317

1. Entity Name

R+B RE CONSULTANTS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90090 021 ***150.00

Principal Place of Business

Mailing Address

9200 S DADELAND BLVD
 STE 214
 MIAMI FL 33156
 US

9200 S DADELAND BLVD
 STE #214
 MIAMI FL 33186-5327
 US

2. Principal Place of Business

13255 S.W. 137th Ave.

3. Mailing Address

13255 S.W. 137th Ave.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0612259

Applied For

Not Applicable

Zip
 33186

Country
 Miami-Dade

Zip
 33186

Country
 Miami-Dade

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

NEMAZIE, A. STEPHEN
 9200 S DADELAND BLVD
 STE 214
 MIAMI FL 33156

Name
 Nemazie, A. Stephen

Street Address (P.O. Box Number is Not Acceptable)
 13255 S.W. 137th Ave.

Suite 201

City
 Miami, FL

FL

Zip Code
 33186

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  04-25-00

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, 2000 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
 PTS
 NEMAZIE, A. STEPHEN
 9200 S DADELAND BLVD, STE 214
 MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTS
 Nemazie, A. Stephen
 13255 S.W. 137th Ave., Suite 201
 Miami, FL 33186 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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

04-25-00

Date

Daytime Phone #