

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096512

1. Entity Name
AFA REAL ESTATE SERVICES, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90225 047 ***150.00

Principal Place of Business
1001 BRICKELL BAY DR
SUITE 1808
MIAMI FL 33131
US

Mailing Address
1001 BRICKELL BAY DR
SUITE 1808
MIAMI FL 33131
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0631176

Applied For
Not Applicable

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

GREGORY, GLENN H.
1001 BRICKELL BAY DR
SUITE 1808
MIAMI FL 33131

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 \$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 P
NAME GLENN H. GREGORY
STREET ADDRESS 1001 BRICKELL BAY DRIVE, STE 1808
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME SHERRY FRANKEL
STREET ADDRESS 1001 BRICKELL BAY DRIVE, STE 1808
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

APPROVALS:
ENG. ☐ Delete
CHECK# MGR. ☐ Delete
DIR. ☐ Delete
AMT. \$ 150.00
TOTAL AMT. \$ 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DATE PD. 1
CHECK# MGR. ☐ Change ☐ Addition
DIR. ☐ Change ☐ Addition
AMT. \$ 150.00
TOTAL AMT. \$ 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DESCRIPTION: 2001 Corporation
filing

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____ DATE: 7 FEB 01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Glenn H. Gregory, President

CR2E034 (10/00)