## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000031068** 1. Entity Name REALTY ASSET PROPERTIES, INC. 05-03-2000 90115 027 \*\*\*150.00 Mailing Address Principal Place of Business 7108 FAIRWAY DR 7108 FAIRWAY DR 130 130 **PALM BCH GDNS FL 33418-3768** PALM BCH GDNS FL 33418 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0660192 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEITMEYER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7108 FAIRWAY DR #130 PALM BEACH GARDENS FL 33418 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PD TITLE Change ☐ Delete TITLE HEITMEYER, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 7108 FAIRWAY DR #130 CITY-ST-ZIP CITY-ST-ZIP PALM BCH GDNS FL 33418 ☐ Addition Change ☐ Delete TITLE TITLE JAUREGUI, CARMEN NAME NAME STREET ADDRESS 7108 FAIRWAY DR #130 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS 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 trusted 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 other than the information 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 trusted 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 other than the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated on this report as the information of the corporation of the corporation

LUTION.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: