

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**  
03-07-2001 90002 036 \*\*\*150.00

**DOCUMENT # P96000058715**

1. Entity Name

**FINANCIAL & REAL ESTATE HOLDINGS, INC.**

Principal Place of Business

C/O PACKMAN, NEUWAHL, ET. AL.  
1500 SAN REMO AVENUE #125  
CORAL GABLES FL 33146

Mailing Address

2501 BRICKELL AVE  
APT 701  
MIAMI FL 33129

2. Principal Place of Business

**2566 JARDIN WAY**

3. Mailing Address

**2566 JARDIN WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**WESTON, FL**

City & State  
**WESTON, FL**

4. FEI Number **52-1983684**

Applied For  
Not Applicable

Zip

Country  
**USA**

Zip

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

**REBOREDO, GASTON JR**  
**2566 JARDIN WAY**  
**WESTON FL 33327**

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 \$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 **PD** ☐ Delete  
NAME **REBOREDO, GASTON JR**  
STREET ADDRESS **2566 JARDIN WAY**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD** ☐ Delete  
NAME **REBOREDO, GASTON SR**  
STREET ADDRESS **2501 BRICKELL AVE APT 701**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VTD** ☐ Delete  
NAME **REBOREDO, MARINA**  
STREET ADDRESS **2501 BRICKELL AVE APT 701**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**3/2/01 (954)**

Date

Daytime Phone #

CR2E034 (10/00)