

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083995

1. Entity Name

REAL ESTATE CLOSINGS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90071 042 ***150.00

Principal Place of Business

Mailing Address

22130 DELMAR DRIVE
SUITE 1104
BOCA RATON FL 33433

22130 DELMAR DRIVE
SUITE 1104
BOCA RATON FL 33433

2. Principal Place of Business

9150A SW 20th ST

3. Mailing Address

9150A SW 20th ST

Suite, Apt. #, etc.

BOCA RATON, FL

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

4. FEI Number

65-0702591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33428

Country

USA, PALM BEACH

Zip

33428

Country

USA PALM BEACH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, RICHARD
22130 BELMAR DR. 1104
BOCA RATON FL 33433

Name

COLLINS, Richard

Street Address (P.O. Box Number is Not Acceptable)

9150A SW 20th ST

City

BOCA RATON

FL

Zip Code

33428

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)

4/6/2000

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	D	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, RICHARD F	
STREET ADDRESS	22130 DELMAR DRIVE, APARTMENT 1104	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard F. COLLINS	
STREET ADDRESS	9150A SW 20th ST	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

RICHARD F. COLLINS

4/7/2000

Date

561-4777119

Daytime Phone #

CR2E034 (9/99)