## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am DOCUMENT # P96000101402 Secretary of State 1. Entity Name A-1 REAL ESTATE SERVICES CORP. 05-03-2001 90964 029 \*\*\*158.75 Principal Place of Business Mailing Address 15327 N.W. 60TH AVE. 15327 N.W. 60TH AVE. SUITE 240 040822 SUITE 240 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0721769 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUERO, MATILDE Street Address (P.O. Box Number is Not Acceptable) 7235 CORAL WAY STE 201 / J327 NW 60 AUG STE 240 MIAMI-FL 33155 MIAMI LAKES, FL 30014 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSTD ASTA ☐ Delete TITLE Change ■ Addition TITLE SUERO MATILDE SUERO, MATILDE NAME NAME 15327 NW UO AVE STE 240 STREET ADDRESS 7235 CORAL WAY STE 201 STREET ADDRESS MUMI LAKES, FL 33014 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ٧P Delete TITI F **∑**Change ☐ Addition TITLE SUERO, GUSTAVO D SUERO, GUSTAVO NAME NAME 15327 NW 60 AVE STB. 240 7235 CORAL WAY STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-7IP MIAMI LAKES, FL 33014 **MIAMI FL 33155** ☐ Change — ☐ Addition TITLE --Delete ŢĮŢĿĒ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ! 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

Date

Date

Daytime Phone #