

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90468 001 ***150.00
 05-23-2001 90468 002 *****8.75

DOCUMENT # P 97000026297

1. Entity Name

South Floridians Realty, Inc.

Principal Place of Business
 320 So. Dixie Hwy.
 Lake Worth, FL 33460

Mailing Address
 1314 Bahia Ave.
 Orlando, FL 32807-1405
 Ph: 407) 273-8926

2. Principal Place of Business
 320 So. Dixie Highway

3. Mailing Address
 1314 Bahia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Lake Worth, Florida

City & State
 Orlando, Florida

4. FEI Number
 650801716

Applied For
 Not Applicable

Zip
 33460-4441

Country
 USA

Zip
 32807-1405

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

VICTOR M. QUINONES
 320 So. Dixie Hwy. (Rear)
 Lake Worth, Florida 33460-4441

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

VICTOR M. QUINONES

April 30, 2001

(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!!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

P/T
 VICTOR M. QUINONES
 320 So. Dixie Hwy. (Rear)
 Lake Worth, FL 33460-4441

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 an other like empowered.

SIGNATURE:

VICTOR M. QUINONES

April 30, 2001

561)493-3210 WPB
 407)273-8926 Orlando

(Signature and typed or printed name of signing officer or director)

Date

CR2E034 (1/100)