

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90009 040 ***150.00

DOCUMENT # P97000031816

1. Entity Name

SOUTH FLORIDA REALTY AND INVESTMENTS, INC.

Principal Place of Business

Mailing Address

12550 BISCAYNE BLVD #225
 MIAMI BEACH FL 33181
 US

12550 BISCAYNE BLVD #225
 STE 220
 MIAMI BEACH FL 33154-2020
 US

2. Principal Place of Business

3. Mailing Address

1160 Kane Concourse

1160 Kane Concourse

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

301

City & State

City & State

Bay Harbor Islands, FL.

Bay Harbor Islands, FL.

Zip

Country

Zip

Country

33154

USA

33154

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0743006

Applied For

Not Applicable

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

PORNPRINYA, TONY
 10800 BISCAYNE BLVD, SUITE 645
 MIAMI FL 33161

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, 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 type="checkbox"/> Delete
NAME	BARUCH-COTO, LEA	
STREET ADDRESS	12550 BISCAYNE BLVD #225	
CITY-ST-ZIP	MIAMI BEACH FL 33181	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COTO, RUBEN A	
STREET ADDRESS	12550 BISCAYNE BLVD #225	
CITY-ST-ZIP	MIAMI BEACH FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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"/> Delete
NAME	BARUCH-COTO, LEA	
STREET ADDRESS	1160 KANE CONCOURSE #301	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL. 33154	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	COTO, RUBEN A.	
STREET ADDRESS	1160 KANE CONCOURSE #301	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **BARUCH-COTO** 1/25/00 (305) 866 558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #