

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059046

1. Entity Name

REAL ASSETS DEVELOPMENT INTERNATIONAL, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90101 042 \*\*\*150.00

Principal Place of Business

164 SARATOGA BLVD. WEST  
ROYAL PALM BEACH FL 33411

Mailing Address

164 SARATOGA BLVD W  
ROYAL PALM BEACH FL 33411-4802  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0766524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAUSER, JEAN-DAVID  
164 SARATOGA BLVD., WEST  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	SAUSER, JEAN DAVID	1975 EAST SUNRISE BLVD, 5TH FLOOR	FT LAUDERDALE FL 33304	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

Date

Daytime Phone #

JEAN-DAVID SAUSER - President, January 27th 2000, 561 798-2301

CR2E034 (9/99)