

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087059

1. Entity Name
RELOCATION NETWORK REALTY, CORP.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90101 031 ***150.00

Principal Place of Business
1111 KANE CONCOURSE
501A
MIAMI FL 33154

Mailing Address
9511 COLLINS AVENUE
PH1504
SURFSIDE FL 33154

00034570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
940 Lincoln Road
Suite Apt. #, etc.
201

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip
33139
Country
USA

City & State

Zip

Country

4. FEI Number **65-0784397**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPILL, JOY B
9100 S. DADELAND BLVD., STE. 504
MIAMI FL 33156

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 _____ (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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SPILL, TOBY L	
STREET ADDRESS	9511 COLLINS AVE PH1504	
CITY-ST-ZIP	SURFSIDE FL 33154	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spill, Toby L	
STREET ADDRESS	9511 Collins Ave PH1504	
CITY-ST-ZIP	Surfside FL 33154	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spill, Elizabeth G	
STREET ADDRESS	9511 Collins Ave PH1504	
CITY-ST-ZIP	Surfside FL 33154	
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

4/4/01 305-538-7123
Date Daytime Phone #

CR2E034 (10/00)