

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90702 042 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000100466			
1. Entity Name REALCO INVESTMENTS OF FLORIDA, INC.			
Principal Place of Business 10560 NW 27 ST STE 101 MIAMI FL 33172		Mailing Address 10560 NW 27 ST STE 101 MIAMI FL 33172	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 65-0799859		☐ Additional Fee Required ☒ \$8.75 Additional Fee Required	
5. Certificate of Status Desired		☐ ☒	
6. Name and Address of Current Registered Agent SUAREZ-DEL CAMPO, RAUL A 10560 NW 21 ST STE 101 MIAMI FL 33172			
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 _____ Signatures typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature to require when re-registering)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so by check. ☐ (See criteria on back)		10. Election Campaign Financing ☐ or by Trust Fund Contribution ☒ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE _____ NAME PD AUSPITZ, NEAL J STREET ADDRESS 10560 NW 27TH ST STE 101 CITY-STATE-ZIP MIAMI FL	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Change ☐ Add
TITLE _____ NAME DS SUAREZ, LORDES DEL CAM STREET ADDRESS 10560 NW 27ST STE 101 CITY-STATE-ZIP MIAMI FL	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Change ☐ Add
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Change ☐ Add
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Change ☐ Add
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Change ☐ Add
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	☐ Change ☐ Add
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b) 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: NEAL J. Auspitz, President 3/22/02			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			