

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101215

1. Entity Name

ALAMO & ASSOCIATES REALTY, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90088 019 ***158.75

Principal Place of Business

Mailing Address

6447 MIAMI LAKES DRIVE EAST
SUITE 211
MIAMI LAKES FL 33014

6447 MIAMI LAKES DRIVE EAST
SUITE 211
MIAMI LAKES FL 33014-2703

2. Principal Place of Business

6447 Miami Lakes Dr., East

3. Mailing Address

6447 Miami Lakes Dr., East

Suite, Apt. #, etc.

Suite #220

Suite, Apt. #, etc.

Suite #220

City & State

Miami Lakes, FL 33014

City & State

Miami Lakes, FL 33014

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0796604

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALAMO, JOSEPH M

6447 MIAMI LAKES DRIVE EAST

~~SUITE 211~~ Suite #220

MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Joseph M. Alamo

Street Address (P.O. Box Number is Not Acceptable)

6447 Miami Lakes Dr., East

Suite #220

City

Miami Lakes, FL

FL

Zip Code
33014

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 ☐ Delete
NAME D
STREET ADDRESS ALAMO, JOSEPH M
CITY-ST-ZIP 6447 MIAMI LAKES DRIVE EAST Suite #220
MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

01/08/2000 (305)362-1888

Date

Daytime Phone #

CR2E034 (9/99)