2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000104384** 1. Entity Name

COMMERCIAL FLORIDA REAL ESTATE SERVICES, INC.

Principal Place of Business

Mailing Address

701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131

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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0801783 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 3000 MIAM! FL 33131 City 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 _ DATE Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change ☐ Addition ☐ Delete TITLE NAME DE OLAZARRA, ALLEN STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3000 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 DVST XX Change DST ☐ Delete TITLE ☐ Addition Rodolfo Prio Touzet NAME PRIO TOUZET, RODOLFO NAME 701 Brickell AVe., STe. 3000 STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3000 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 MIAMI FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

STREET ADDRESS

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TITLE

NAME

TITLE NAME

☐ Defete

☐ Delete

13. I hereby certify that the information supplied with this filing does not qualify fc 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 hy 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

Date Daytime Phone #

☐ Change

[] Change

☐ Addition

☐ Addition

Secretary of State 05-23-2001 90510 001 *4.650.00 73563

FILED

May 23, 2001 8:00 am

CR2E034 (10/00)