

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90099 019 ***150.00

DOCUMENT # P97000108884

i. Entity Name

SEMINOLE REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
ALHAMBRA PLZ STE 620 CORAL GABLES FL 33134	1 ALHAMBRA PLZ STE 620 CORAL GABLES FL 33114-5336 US

00000606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
340 Giralda Avenue Suite, Apt. #, etc. Suite 811E	P.O. Box 145336 Suite, Apt. #, etc.

City & State	City & State
Coral Gables, FL	Coral Gables, FL
Zip	Zip
33134	33134
Country	Country
USA	USA

4. FEI Number	Applied For
65-0809246	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
SANDERS, DOUGLAS J 1 ALHAMBRA PLZA STE 620 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name SANDERS, Douglas J.
Street Address (P.O. Box Number is Not Acceptable) 340 Giralda Avenue Suite 811E
City Coral Gables FL Zip Code 33134

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	DOUGLAS J. SANDERS	<i>Douglas J. Sanders</i>	1/18/00
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)
<input type="checkbox"/>

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
<input type="checkbox"/>	

11. OFFICERS AND DIRECTORS	
TITLE	DPST
NAME	SANDERS, DOUGLAS J
STREET ADDRESS	340 GIRALDA AVE. #811E
CITY-ST-ZIP	CORAL GABLES FL 33134
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:	<i>Douglas J. Sanders</i>	1/18/00	(305) 569-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)