## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

AND TYPE

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # P97000108884** SEMINOLE REAL ESTATE SERVICES, INC. 01-23-2001 90123 015 \*\*\*150.00 Principal Place of Business Mailing Address 340 GIRATOA AVE PO BOX 145336 STE811E CORAL GABLES FL 33134 007436 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 13627 Drive 13627 Deening Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Svite City & State City & State 4. FEI Number 65-0809246 Applied For GALLES CORAL Conor Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33158 33128 USA **42U** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDERS, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 13627 DEERING BAY DOWNE SANDERS, DOUGLAS J 340 GIRATOA AVE **STE 811E** 704 CORAL GABLES FL 33134 Zip Code 33/58 G A BLES 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 SANDENS FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delete TITLE SANDERS, DOUGLAS J NAME NAME 340 GIRALDA AVE. #81152 704 BAY STREET ADDRESS STREET ADDRESS 13627 ひにもんいから DRIVE CORAL GABLES FL 33134€ CITY-ST-ZIP CITY-ST-ZIP COAAL g a bles TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.