

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002323

1. Entity Name

EXECUTIVE REALTY SERVICES & INVESTMENTS CORP.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90272 028 ***150.00

Principal Place of Business

Mailing Address

1840 WEST 49TH STREET. #220-03
HIALEAH FL 33012

1840 WEST 49TH STREET. #220-03
HIALEAH FL 33012-2939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1840 West 49th ST.

3. Mailing Address

1840 West 49th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

220-3

220-3

City & State

City & State

Hialeah, FL

Hialeah, FL

Zip

Country

Zip

Country

33012-2939

U.S.A.

33012-2939

U.S.A.

4. FEI Number

65-0803740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, RAUL

1840 WEST 49TH STREET, #220-03
HIALEAH FL 33012

Name

SANCHEZ, RAUL

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

1840 West 49th ST.

Suite 220-3

City

Hialeah

FL

Zip Code

33012

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS SANCHEZ, RAUL
CITY-ST-ZIP 1840 W 49 ST., STE 220-3
HIALEAH FL 33012

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

TITLE ☐ Delete
NAME S
STREET ADDRESS SANCHEZ, RAUL
CITY-ST-ZIP 1840 W 49 ST., 220-3
HIALEAH FL 33012

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)