

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002323

1. Entity Name

EXECUTIVE REALTY SERVICES & INVESTMENTS CORP.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90122 015 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

7834 N.W. 178 ST

Suite, Apt. #, etc.

3. Mailing Address

7834 N.W. 178 ST

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0803740

Applied For

Not Applicable

Zip

33015

Country

U.S.A.

Zip

33015

Country

U.S.A.

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)

7834 N.W. 178 ST

City

Miami

FL

Zip Code

33015

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SANCHEZ, RAUL	
STREET ADDRESS	1840 W 49 ST., STE 220-3	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANCHEZ, RAUL	
STREET ADDRESS	1840 W 49 ST., 220-3	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)