## 72E03**4** (9/99)

FILED

**2000 UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # P98000018918  1. Entity Name  NATIONAL REAL ESTATE SERVICES, INC.					Apr 13, 2000 8:00 am Secretary of State			
MATIONA	AL MEAL ESTATE SERVICES, I	NC.		Ì		04-13-2000 900	08 009 ***1 <i>5</i> 0	.00
Principal Plac	e of Business	Mailing Address						
SUITE 432		P.O. BOX 191768 MIAMI FL 33119-1768 US		+ (80)(80) (2	: - 18291 18112 PB(r) 88211 BB(r)	88281 (2881 2822 <b>)</b> ( <b>218</b> 1 21	641 (6)( 1861	
2. Principal Place of Business 420 Lincoln Road		3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
Suite 335 City & State Miami Beach, FL		City & State			4. FEI Number	65-0892361	<del>  -   -  </del>	oplied For ot Applicable
Zip 33139	Country USA	Zip	Country		5. Certificate o	f Status Desired	\$8.75 Add	
	6. Name and Address of Current Re	egistered Agent	Nome		7. Name and A	Address of New Regis	tered Agent	
PLC INVESTMENTS, INC. 420 LINCOLN ROAD SUITE 432			Street A	ddress (P	Investme O.Box Number Lincoln I	is Not Acceptable)		
MIAMI BEACH FL 33139			City		e 335	<u> </u>	FL Zip Coo	le
Mian     The above named entity submits this statement for the purpose of changing its registered office or registered.					ii Beach, ed agent, or both	, in the State of Florida.	FL   3313	9
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
11.	OFFICERS AND D		12.	, — —	ADDITIONS/C	HANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CEJAS, PABLO L 420 LINCOLN ROAD, STE 432 MIAMI BEACH FL 33139	☐ Delete `	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Road, Sutie , FL 33139	© Change	Addition
TITLE NAME	D NEITZEL, JULIE L	₩ Delete	TITLE NAME			······································	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	420 LINCOLN RD, STE 432 MIAMI BEACH FL 33139		STREET ADDRESS CITY-ST-ZIP		mi <u>Beach</u>	Road, Suite , FL 33139		
TITLE NAME STREET ADDRESS	DST MONTERO, HILDA C 420 LINCOLN RD, STE 432	Delete	TITLE NAME STREET ADDRESS	420	Lincoln	Road, Suite	X1 cusinge	☐ Addition
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP			, FL 33139		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition {
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	<u> </u>				Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE		☐ Delete	TITLE NAME				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					<u> </u>

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
HILD C. MONTERO, Secretary

4/6/00

305-531-5220 Daytime Phone #