## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P98000031896** Apr 17, 2000 8:00 am 1. Entity Name GREAT COUNTRY REAL ESTATE SERVICES CORP. Secretary of State 04-17-2000 90118 035 \*\*\*150.00 Principal Place of Business Mailing Address 10520 NW 26TH STREET SUITE C-201 10520 NW 26TH STREET SUITE C 201 MIAMI FL 33172-2161 MIAMI FL 33172 3. Mailing Address 2850 2. Principal Place of Business Dova 850 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0825416 Gab Not Applicable Country \$8.75 Additional 313 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EKNAND EZ GOOPER: ANNA 18520 NW 28TH STREET SUITE C 201-MIAMI-FL-33172 City 90 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. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE Delete TITLE HERNANDEZ ECTOR COOPER, ANNA NAME NAME STREET ADDRESS 10520 NW 26TH STREET SUITE C 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33172** Addition ☐ Delete ☐ Change TITLE TITLE NAME EDGARD NAME STREET ADDRESS 3685 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE □ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 trusted 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.