

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90002 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031896

1. Entity Name

GREAT COUNTRY REAL ESTATE SERVICES, CORP. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2850 Douglas Road

Suite, Apt. #, etc.

4th Floor

City & State

Coral Gables, Fl.

Zip

33134

Country

Miami-Dade

3. Mailing Address

2850 Douglas Road

Suite, Apt. #, etc.

4th Floor

City & State

Coral Gables, Fl.

Zip

33134

Country

Miami-Dade

4. FEI Number

65-0825416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Hernandez, Hector

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

2850 Douglas Road

4th Floor

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
P	Hernandez, Hector	3258 Riviera Dr	Coral Gables, Fl. 33134
T	DeTrinidad, Edgard	3585 S.W. 1st Ave	Miami, Fl. 33145

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

(305) 969-9990

Daytime Phone #

CR2E034B (12/01)