## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 12, 2000 8:00 am Secretary of State DOCUMENT # **P98000042826** REAL ESTATE INVESTMENT & MANAGEMENT SYSTEMS, INC 07-12-2000 90006 019 \*\*\*550.00 Principal Place of Business Mailing Address 13615 S. DIXIE HWY., STE. 114-509 AGOL NW 36TH ST MIAMI FL 33176-7254 MAMI SPRINGS FL 93166 ----2. Principal Place of Business Mailing Address 13615 S. DIXIE HWY. #114 5405 N.W. 36th STREET Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. PMB 509 SUITE #116 Applied For City & State 4. FEI Number City & State 65-0840243 MIAMI,FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ()SA Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUARCH, J.M. JR Street Address (P.O. Box Number is Not Acceptable) 710 S. DIXIE HWY. ARAB CORREA & GUARCH, P.A. CORAL GABLES FL 33146 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 12. Addition Change ☐ Celete TITLE RICARDO A. NEVONEZ NEVAREZ, RICARDO A NAME PMB 509, 13615 SO. DIXIE HWY. #114 13615 S. DIXIE HWY., STE. 114-509 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176-7254 MIAMI FL 33176-7252 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AVANTE RICARIO LA INEVAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/2000 (305)867-999 Daty Daty Daytiffe Phone \*