

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049203

1. Entity Name

AMERICA'S CHOICE REALTY, INC.

T.C. Realty, INC

Principal Place of Business

Mailing Address

12790 WEST DIXIE HWY
MIAMI FL 33161

12790 WEST DIXIE HWY
MIAMI FL 33161-4806

2. Principal Place of Business

12780 West Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

1278 West Dixie Hwy
Suite, Apt. #, etc.

City & State

N. Miami FL

City & State

N. Miami FL

4. FEI Number

65-0840384

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

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

WALKINE-TAYLOR, CORALEE
12790 WEST DIXIE HWY
MIAMI FL 33161

12780 West Dixie Hwy
N. Miami, FL
33161

Name

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

12780 West Dixie Hwy

City

N. Miami

FL

Zip Code

33161

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, 2000 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 PSD
NAME WALKINE-TAYLOR, CORALEE
STREET ADDRESS 12790 WEST DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME VOLTAIRE, JEAN MICHAEL
STREET ADDRESS 12790 WEST DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33161 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

Coralee Taylor

4/25/00

305-899-1177

CR2E034 (9/99)