

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90213 001 ***816.25

DOCUMENT # P98000058959

1. Entity Name
FORD AM REALTY INVESTORS, CORP.

Principal Place of Business

11890 S.W. 8 ST
400
MIAMI FL 33184

Mailing Address

11890 S.W. 8 ST
400
MIAMI FL 33184

2. Principal Place of Business

2470 N.W. 102 Place

3. Mailing Address

Suite, Apt. #, etc.

2011 A

City & State
MIAMI FL

Zip
33172

Country

Zip

Country

4. FEI Number **65-0370721**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

N.A.F.A. NATIONAL ASSOCIATION FOR FOREIGN ATTORNEYS, CORP.
11890 S.W. 8 STREET, STE. 500
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

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

City

FL

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

V-P

(NOTE: Registered Agent signature required when reinstating)

4/26/02
 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, 2002 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

TITLE	PR	<input type="checkbox"/> Delete
NAME	BARRERA, MANUEL V	
STREET ADDRESS	11890 S.W. 8TH STREET, #500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	V	<input type="checkbox"/> Delete
NAME	PACHECKER, HUMPHREY H	
STREET ADDRESS	11890 S.W. 8TH STREET, #500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	SC	<input type="checkbox"/> Delete
NAME	BARRERA, TERESA	
STREET ADDRESS	11890 S.W. 8TH STREET, #500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, CARLOS M	
STREET ADDRESS	11890 S.W. 8TH STREET, #500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGELBERT PACHECO	
STREET ADDRESS	11890 SW 8 STREET, #500	
CITY-ST-ZIP	MIAMI, FL, 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
 Date

305-5139949
 Daytime Phone #

CR2E034 (9/01)