2000 UNIFORM BUSINESS REPORT (UBR)

חססויי	ALVIT " DOSUUL)633 <u>50</u>							
DOCUMENT # P9800063350 1. Entity Name					FILED				
REAL ESTATE 2000 INTÉRNATIONAL, INC.					00 SEP -5 PM 1:22				
Principal Place of Business 1424 SEAGULL DRIVE STE 201 PALM HARBOR FL 34685		Mailing Address 1424 SEAGULL DRIVE STE 201 PALM HARBOR FL 34685			12 14.T	CREWRY OF S LUCKIDSEE, PU	TATE. ORIĐA	`	
							8 8(188 111 8 111 8) 1	/ 	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number	59-3526819		plied For Applicable		
Zip	Country	Zip Country			5. Certificate of S	Status Desired X	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	A1		7. Name and Ad	dress of New Registere	d Agent		
ROCHELEAU, JOSEPH						CHEKEAL	9		
1424	SEAGULL DRIVE STE 201		Street Address			R.O. Box Number is Not Acceptable)			
PALI	M HARBOR FL 34685		ρ_{A}	am k	JARBOR				
City FL Zip 29685								85	
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. In the Diagram									
WATUFDING ROPHER DAW /SECHDAR 7/28/2000									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent sign	nature required	when reinstating)	DATE			
Tax filing requirement and elects to do so After SEPT			FILE NOW!!! FEE IS \$550.00 EPTEMBER 13, 2000 Min. will be \$750		.00 Trust F	n Campaign Financing und Contribution.		May Be	
(See criter	ia on back) OFFICERS AND	Make Check Payab	12.	ent of Stat		ANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TINE	PS OFFICERS AND	Delete	TITLE	PRE:	SIDENT		☐ Change	Addition	
NAME	ROCHELEAN, JOSEPH		NAME	NIC	ace ko	NO HOO!			
STREET ADDRESS CITY-ST-ZIP	1424 SEAGULL DR. # 201 PALM HARBOR FL 34685		STREET ADDRESS CITY-ST-ZIP		1424 SEAGULL DR 4201 PALM HARBOD FL 34685				
TITLE	1 ALM HARBOTT E 04000	☐ Delete	TITLE	U IC 6	E-DRESIDE	eur-	☐ Change	Addition	
NAME			NAME	CHA	PLES RO	CHELEAU			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1007	M CINDA	DO 1001	<u>_</u>		
TITLE		Delete	TITLE			REASORED	☐ Change	Addition	
NAME			NAME	KATI	HERINE A	ROCHELEAUS			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		JEAGULL W HARR	DE 14685 R FL 34685			
TITLE	<u> </u>	☐ Delete	TITLE	PINK	m prerouse	E FL 04600	☐ Change	☐ Addition	
£			NAME			على المنتان على المنتان المنتان المنتان المنتان المنتان			
STREET ADDRESS CITY-ST-ZIP	^ t		STREET ADDRESS CITY-ST-ZIP	1	ani	0003404 -09/26/00(****628.75	11080N	14 N	
TITLE		☐ Delete	TITLE			****628.75	****62	addition	
NAME OTREET ADDRESS			NAME					ļ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	' 					
TITLE		☐ Delete	TITLE			·	☐ Change	Addition	
NAME			NAME PERCET ADDRESS						
ST-ZIP	•		STREET ADORESS CITY-ST-ZIP	`					
13. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemption s	tated in Sec	ction 119.07(3)(i), F	lorida Statutes. I further o	ertify that the in	nformation	
indicated of the corp	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that m wered to execute this report a	iy signature shall as required by Cl	nave the s hapter 607,	ame legal effect as Florida Statutes; a	if made under oath; that nd that my name appear	am an officer in Block 11 or	or director Block 12 if	