

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90039 027 ***150.00

DOCUMENT # P98000063350

1. Entity Name

REAL ESTATE 2000 INTERNATIONAL, INC.

Principal Place of Business

1424 SEAGULL DRIVE STE 201
 PALM HARBOR FL 34685

Mailing Address

1424 SEAGULL DRIVE STE 201
 PALM HARBOR FL 34685

2. Principal Place of Business

3442 EAST LAKE RD.

3. Mailing Address

3442 EAST LAKE RD.

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

34685

Country

USA

Zip

34685

Country

USA

4. FEI Number

59-3526819

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHELEAU, KATHERINE
 1424 SEAGULL DRIVE STE 201
 PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

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

City

State

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	ROCHELEAN, NICOLE	
STREET ADDRESS	1424 SEAGULL DR. # 201	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROCHELEAN, CHARLES	
STREET ADDRESS	1424 SEAGULL DR. # 201	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROCHELEAN, KATHERINE	
STREET ADDRESS	1424 SEAGULL DR. # 201	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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)(.), 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

4/26/01 747-786-2600

Date

Daytime Phone #

CR2E034 (10/00)

042/2/1