

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106410

1. Entity Name

REALTY CONSUMER HOUSING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90092 022 ***150.00

Principal Place of Business

Mailing Address

3600 S ST. RD. 7
 SUITE 209
 MIRAMAR FL 33023

3600 S ST. RD. 7
 SUITE 209
 MIRAMAR FL 33023-5288

2. Principal Place of Business

2860 NW 153RD ST

3. Mailing Address

2860 NW 153RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33054

Zip

Country

33054

4. FEI Number

65-0884163

Applied For

Not Applicable

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

CLARKE, L. ALEXANDER
 3600 S STATE RD 7
 SUITE 209
 MIRAMAR FL 33023

Name

SAM WILLIAMS

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

2860 NW 153RD ST

City

MIAMI

FL

Zip Code

33054

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

Sam Williams

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | CLARKE, L. ALEXANDER | |
| STREET ADDRESS | 3600 S ST. RD. 7 | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SMITH, GEORGE | |
| STREET ADDRESS | 2260 NW 153 ST. | |
| CITY-ST-ZIP | MIAMI FL 33054 | |
| 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 | | |

| | | |
|----------------|------------------------------|--|
| TITLE | SAM WILLIAMS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESIDENT | |
| STREET ADDRESS | 2860 NW 153 RD ST | |
| CITY-ST-ZIP | MIAMI FL 33054 | |
| 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)(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:

Sam Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)