

2000 UNIFORM BUSINESS REPORT (UBR)

0226256

DOCUMENT # P99000018186

1. Entity Name

REALTY EQUITY INVESTMENT TRANSACTIONS, INC.

FILED

00 FEB 25 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

269 GIRALDA AVENUE
SUITE 303
CORAL GABLES FL 33134

Mailing Address

269 GIRALDA AVENUE
SUITE 303
CORAL GABLES FL 33145-2660

2. Principal Place of Business

3. Mailing Address

2103 Coral Way

2103 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33145

USA

33145

USA

6. Name and Address of Current Registered Agent

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Dago, Rene Jr.

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

2103 Coral Way

Suite 201

City

Miami

200003155772-9

-03/03/00-FL01133145

****158.75 ****158.75

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)

LS

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	PSTD	<input type="checkbox"/> Delete
NAME	DEL PILAR ROA CHARRO, MARIA	
STREET ADDRESS	269 GIRALDA AVENUE SUITE 303	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roa Charro, Maria Del Pilar	
STREET ADDRESS	2103 Coral way Suite 201	
CITY-ST-ZIP	Miami FL 33145	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dago, Rene Jr.	
STREET ADDRESS	2103 Coral Way Suite 201	
CITY-ST-ZIP	Miami FL 33145	
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turro, Juan A.	
STREET ADDRESS	2103 Coral Way Suite 201	
CITY-ST-ZIP	Miami FL 33145	
TITLE	V/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roa Charro, Maria Del Pilar	
STREET ADDRESS	2103 Coral Way Suite 201	
CITY-ST-ZIP	Miami FL 33145	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mojica, Antonio	
STREET ADDRESS	2103 Coral Way Suite 201	
CITY-ST-ZIP	Miami FL 33145	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ardavin, Carlos	
STREET ADDRESS	2103 Coral Way Suite 201	
CITY-ST-ZIP	Miami FL 33145	

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

2/23/00

Date

305-774-6636

Daytime Phone #

CR2E034 (9/99)