

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90426 001 ***317.50

DOCUMENT # P99000043451

1. Entity Name

COLLAZO & ASSOCIATES REALTY SERVICES, INC.

Principal Place of Business

400 SW 107TH AVENUE SUITE 306
MIAMI FL 33174

Mailing Address

400 SW 107TH AVENUE SUITE 306
MIAMI FL 33174

2. Principal Place of Business

10689 N KENDALL DR

3. Mailing Address

10689 N KENDALL DR

Suite, Apt. #, etc.

SUITE 215

Suite, Apt. #, etc.

SUITE 215

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

MIAMI-DADE

Zip

33176

Country

MIAMI-DADE

4. FEI Number 65-0918861

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

COLLAZO, JORGE P

400 SW 107TH AVENUE SUITE 306

MIAMI FL 33174

Name

COLLAZO, JORGE P

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

10689 N KENDALL DR

SUITE 215

City

MIAMI

FL

Zip Code

33176

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

JORGE P. COLLAZO

4/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COLLAZO, JORGE P
4300 SW 130TH CT.
MIAMI FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

JORGE P. COLLAZO

4/24/01 (305) 412-6433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)