

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043960

1. Entity Name

REAL MANAGEMENT CORPORATION

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90053 047 \*\*\*550.00

Principal Place of Business

Mailing Address

18725 NW 62 AVE., #102  
MIAMI FL 33015

18725 NW 62 AVE., #102  
MIAMI FL 33015-5017

2. Principal Place of Business

3. Mailing Address

19031 W. LAKE DR.

P.O. BOX 040804

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

05-0917913

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

33104-0804 U.S.A.

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

MENCIA, ROBERT JR.  
18725 NW 62 AVE., #102  
MIAMI FL 33015

19031 W. LAKE DR.  
MIAMI, FL. 33015

Name ROBERT MENCIA JR.

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

19031 W. LAKE DR.

City MIAMI

FL

Zip Code 33015

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

Robert Mencia Jr. - ROBERT MENCIA JR. - PRESIDENT 2/12/00

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

(NOTE: Registered Agent 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, 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 PRESIDENT ☐ Delete  
NAME ROBERT MENCIA JR. 33015  
STREET ADDRESS 19031 W. LAKE DR. MIAMI FL.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~SECRETARY TREASURER~~ ☐ Delete  
NAME MARIA C. MENDEZ  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert Mencia Jr. - ROBERT MENCIA JR. 2/12/00 (305) 474-8350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)