

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056088

1. Entity Name

BCOM REALTY ADVISORS, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90114 034 \*\*\*150.00

Principal Place of Business	Mailing Address
1110 BRICKELL AVENUE SUITE 303 MIAMI FL 33131	1110 BRICKELL AVENUE SUITE 303 MIAMI FL 33131-3106

2. Principal Place of Business	3. Mailing Address
1201 BRICKELL AVE	1201 BRICKELL AVE
Suite, Apt. #, etc. S. 650	Suite, Apt. #, etc. S. 650

City & State	City & State
MIAMI, FL	MIAMI, FL
Zip	Zip
33131	33131
Country	Country

4. FEI Number	Applied For
05-0994314	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name ASLAN PALACHI

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

1201 BRICKELL AVE S. 650

City MIAMI FL Zip Code 33131

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 A. Palachi DATE 4-10-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: A. Palachi DATE 4-10-00 DAYTIME PHONE # (305) 375-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR