

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 16, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000067033

1. Entity Name
REAL ESTATE ALTERNATIVES, INC.

Principal Place of Business 1761 W. HILLSBORO BLVD., STE. 205 DEERFIELD BEACH FL 33442	Mailing Address 1761 W. HILLSBORO BLVD., STE. 205 DEERFIELD BEACH FL 33442
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2. Principal Place of Business 1599 NW 9TH AVENUE	3. Mailing Address 1599 NW 9TH AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33486	Country	Zip 33486	Country
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4. FEI Number 65-0990411	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUTENSTEIN GARY J
 1761 W. HILLSBORO BLVD., STE. 205

 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name
 GUTENSTEIN GARY J
 Street Address (P.O. Box Number is Not Acceptable)
 1599 NW 9TH AVENUE

 City BOCA RATON FL Zip Code 33486

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 _____ DATE **01/16/2001**

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)

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			
TITLE	SD	<input type="checkbox"/> Delete	
NAME	GUTENSTEIN GARY J		
STREET ADDRESS	1761 W. HILLSBORO BLVD., STE. 205		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	BELSHE CURT		
STREET ADDRESS	1761 W. HILLSBORO BLVD., STE. 205		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	MARLOWE ADRIENNE		
STREET ADDRESS	1761 W. HILLSBORO BLVD., STE. 205		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	BELSHE ANDREA		
STREET ADDRESS	1761 W. HILLSBORO BLVD., STE. 205		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTENSTEIN GARY J		
STREET ADDRESS	1599 NW 9TH AVEUE		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELSHE CURT		
STREET ADDRESS	1599 NW 9TH AVENUE		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARLOWE ADRIENNE		
STREET ADDRESS	1599 NW 9TH AVENUE		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELSHE ANDREA		
STREET ADDRESS	1599 NW 9TH AVENUE		
CITY-ST-ZIP	BOCA RATON FL 33486		
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: Andrea Belshe **PD** 01/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)