

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082110

1. Entity Name

REAL ESTATE INFO WORLD, CORPORATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90257 011 ***150.00

Principal Place of Business

Mailing Address

934 UNIVERSITY DRIVE PMB 201
CORAL SPRINGS FL 33071

934 UNIVERSITY DRIVE PMB 201
CORAL SPRINGS FL 33071-7029

2. Principal Place of Business

3. Mailing Address

C/O WILLIAM GRAU

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1511 NW 92 WAY

City & State

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0948577

Applied For

Not Applicable

Zip

Country

Zip

Country

33071

USA

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

MILLER, STEVEN W
934 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Name

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

City

FL

Zip Code

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)

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 ☐ Delete
NAME D
STREET ADDRESS BOWMAN, JOSEPH
CITY-ST-ZIP 2139 UNIVERSITY DR PMB 205
CORAL SPRINGS FL 33071

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GRAU, WILLIAM
CITY-ST-ZIP 934 UNIVERSITY DRIVE PMB 201
CORAL SPRINGS FL 33071

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

WILLIAM GRAU

2/27/00

954-753-7258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)