

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085831

1. Entity Name

THE REALTY DEPOT OF SOUTH FLORIDA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90044 041 ***150.00

Principal Place of Business

Mailing Address

2335 SW 183RD TERR.
 MIRAMAR FL 33029

2335 SW 183RD TERR.
 MIRAMAR FL 33029-5255

2. Principal Place of Business

4801 S University Dr #251

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

251

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33308

Country

USA

Zip

Country

4. FEI Number

65-095-4888

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

CHANEY, WILLIAM F
 580 NE 164TH ST.
 N. MIAMI BEACH FL 33162

Name

Robert H. Chaney

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

2100 West 76 street ste 211

City

Hialeah

FL

Zip Code

33016

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

4/28/00

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, Director	<input type="checkbox"/> Delete
NAME	William Chaney	
STREET ADDRESS	580 NE 164th	
CITY-ST-ZIP	Miami, FL 33162	
TITLE	Vice President, Director	<input type="checkbox"/> Delete
NAME	Daniel Miranda	
STREET ADDRESS	18020 Sheridan St #8-157	
CITY-ST-ZIP	PA, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Daniel Miranda	
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	William Chaney	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:

WILLIAM F CHANEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 305-220-7211

CR2E034 (9/99)