

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086384

1. Entity Name

DEPENDABLE REAL ESTATE SERVICES, INC.

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

04-17-2000 90060 021 \*\*\*150.00

Principal Place of Business

Mailing Address

13370 SW 131 ST. SUITE 110  
MIAMI FL 33186

13370 SW 131 ST. SUITE 110  
MIAMI FL 33186-5856

2. Principal Place of Business

3. Mailing Address

6220 S. ORANGE Blossom Tr.  
Suite, Apt. #, etc.

6220 S. ORANGE Blossom Tr.  
Suite, Apt. #, etc.

Suite 173

Suite 173

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32809

U.S.A.

32809

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUELLE, ALFONSO  
10100 CANOPY TREE CT  
ORLANDO FL 32836

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

(NOT: Registered Agent Signature required when reinstating)

DATE

4/10/00

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	D	<input type="checkbox"/> Delete
NAME	OJEDA, ROBERT L	
STREET ADDRESS	11705 SW 107 TERR	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLE, ALFONSO	
STREET ADDRESS	10100 CANOPY TREE CT	
CITY - ST - ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
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		
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:

Alfonso Muelle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00  
Date

(407) 856-6677  
Daytime Phone #

CR2E034 (9/99)