

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90496 042 ***150.00

DOCUMENT # P99000088879

1. Entity Name
REALTYBYOWNERS.COM, INC.

Principal Place of Business 5310 N.W. 33RD AVENUE SUITE 210 FT. LAUDERDALE FL 33309	Mailing Address 5310 N.W. 33RD AVENUE SUITE 210 FT. LAUDERDALE FL 33309-6319
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0954052	Applied For Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, WILLIAM L
~~2769 N.W. 29TH PLACE~~
~~FT. LAUDERDALE FL 33311~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4806 NW 36 ST #502
 City **LAUDERDALE LAKES** FL Zip Code **33319**

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 *William L. Smith* DATE **4-22-00**
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. **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

TITLE PRESIDENT & CHAIRMAN	<input type="checkbox"/> Delete
NAME AL WASHINGTON	
STREET ADDRESS 2824 NW 55 AVE # 1A	
CITY-ST-ZIP LAUDERHILL, FL 33313	
TITLE SECRETARY & DIRECTOR	<input type="checkbox"/> Delete
NAME William L. Smith	
STREET ADDRESS 4806 NW 36 ST #502	
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319	
TITLE GLEN OSTROFF	<input type="checkbox"/> Delete
NAME GLEN OSTROFF	
STREET ADDRESS 5310 NW 33 AV #210	
CITY-ST-ZIP FORT LAUDERDALE, FL 33309	
TITLE LARRY SANDERS	<input type="checkbox"/> Delete
NAME LARRY SANDERS	
STREET ADDRESS 10603 W. CLAIRMONT CIR	
CITY-ST-ZIP TAMARAC, FL 33312	
TITLE MARK GUARETTE	<input type="checkbox"/> Delete
NAME MARK GUARETTE	
STREET ADDRESS 5310 NW 33RD AV. Suite 210	
CITY-ST-ZIP Fort Lauderdale FL, 33313	
TITLE PAUL BARASH	<input type="checkbox"/> Delete
NAME PAUL BARASH	
STREET ADDRESS 6421 NW 41 ST.	
CITY-ST-ZIP CORAL SPRINGS, FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JOAO RODRIGUES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOAO RODRIGUES	
STREET ADDRESS 17011 N. BAY ROAD # 901	
CITY-ST-ZIP N. MIAMI BEACH FL 33160	
TITLE WADE SMITH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WADE SMITH	
STREET ADDRESS 2609 NE 8th ST	
CITY-ST-ZIP FORT LAUDERDALE, FL	
TITLE PAUL CLOUGH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUL CLOUGH	
STREET ADDRESS 901 MOCKINGBIRD LANE	
CITY-ST-ZIP PLANTATION, FL.	

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 L. Smith* DATE: **4-22-00** DAYTIME PHONE #: **954-485-4141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM SMITH

CR2E034 (9/99)