

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092077

1. Entity Name

REO REAL ESTATE INTERNATIONAL, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90177 040 ***150.00

Principal Place of Business

1903 S CONGRESS AVE
SUITE 310
BOYNTON BEACH FL 33426

Mailing Address

1903 S CONGRESS AVE
SUITE 310
BOYNTON BEACH FL 33426-6558

2. Principal Place of Business

7900 Glades Road
Suite, Apt. #, etc.
SUITE 650

City & State
BOCA RATON, FL

Zip
33434

Country
USA

3. Mailing Address

7900 Glades Road
Suite, Apt. #, etc.
SUITE 650

City & State
BOCA RATON, FL

Zip
33434

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0641062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODKINS, MICHELE J
1903 S CONGRESS AVE
SUITE 310
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

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

7900 Glades Road
SUITE 650

City

BOCA RATON

FL

Zip Code

33434

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HODKIN, MICHELE J	
STREET ADDRESS	1903 S CONGRESS AVE SUITE 310	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODKIN, ADAM J	
STREET ADDRESS	1903 S CONGRESS AVE SUITE 310	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	HODKIN, MICHELE J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 Glades Road	
STREET ADDRESS	SUITE 650	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	HODKIN, ADAM J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 Glades Road	
STREET ADDRESS	SUITE 650	
CITY-ST-ZIP	BOCA RATON, FL 33434	
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:

Michele J. Hodkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2000 901 477-5755
Date Daytime Phone #

CR2E034 (9/99)