2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000105134

1. Entity Name

ENVISAGE REAL ESTATE GROUP, INC.

(R)

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-17-2000 90903 050 ***150.00

Principal Place of Business	Mailing Address
9951 ATLANTIC BLVD STE 247 JACKSONVILLE FL 32225	9951 ATLANTIC BLVD STE 247 JACKSONVILLE FL 32225

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3631571 — 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
SUAZO, MIGUEL P 9951 ATLANTIC BLVD STE 247 JACKSONVILLE FL 32225	Name JORGE A. SUAZO Street Address (P.O. Box Number is Not Acceptable) 9378 ARLINGTON EXPRESSWAY, APT. #83 City JACKSONVILLE FL Zip Code 32225

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 _____ 4.28.00

Signature of 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 PRES. NAME JORGE A. SUAZO STREET ADDRESS 9378 ARLINGTON XPWY. #83 CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: _____ PRESIDENT JORGE A. SUAZO 4.28.00 904.645.5199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)