

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105475

1. Entity Name

SOUTH FLORIDA ONLINE REALTY INC.

FILED
May 16, 2000 8:00 am
Secretary of State

04-18-2000 90145 018 ***150.00

Principal Place of Business Mailing Address
8400 N UNIVERSITY DR #213 8400 N UNIVERSITY DR #213
TAMARAC FL 33321 TAMARAC FL 33321

2. Principal Place of Business 3. Mailing Address
8400 N University Drive #301 SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.
TAMARAC

City & State City & State
FLORIDA

Zip Country Zip Country
33321 BROWARD

4. FEI Number Applied For
65-0968753 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

BASDEO, HARIPERSAD
8400 N UNIVERSITY DR #213
TAMARAC FL 33321

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 (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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	HARIPERSAD BASDEO	6300 BLVD OF CHAMPIONS	NORTH LAUDERDALE FL 33068	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/11/00 954 718 8867

CR2E034 (9/99)