

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90012 049 ***150.00

0355797

DOCUMENT # P99000108872

1. Entity Name
BUY AMERICAN REAL ESTATE CORPORATION

Principal Place of Business Mailing Address
6512 MARINA POINTE VILLAGE COURT. #304 **PO BOX 270453**
TAMPA FL 33635 **TAMPA FL 33688-0453**

SAME
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2. Principal Place of Business 3. Mailing Address
14905 ARBOR SPRINGS CIR **P.O. BOX 270453**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
304

City & State City & State
TAMPA, FL **TAMPA**

Zip Country Zip Country
33624 USA **FL 33688 USA**

4. FEI Number Applied For
59-3613209 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BIRMINGHAM, JAMES
6512 MARINA POINTE VILLAGE COURT, #304
TAMPA FL 33635

7. Name and Address of New Registered Agent
 Name **JAMES BIRMINGHAM**
 Street Address (P.O. Box Number is Not Acceptable)
14905 ARBOR SPRINGS CIRCLE # 304
 City **TAMPA** FL **33624**

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]* **JAMES BIRMINGHAM** DATE **4-4-2001**

Signature, typed or printed name of registered agent (not 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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME JAMES BIRMINGHAM	
STREET ADDRESS P.O. BOX 270453	
CITY-ST-ZIP TAMPA, FL 33688-0453	
TITLE EXEC. V.P.	<input type="checkbox"/> Delete
NAME CLEWEN BIRMINGHAM	
STREET ADDRESS P.O. BOX 270453	
CITY-ST-ZIP TAMPA, FL 33688-0453	
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	<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 empowerments.

SIGNATURE: *[Signature]* **CLEWEN BIRMINGHAM** **4/4/01** **813-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)