## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # \$19746** 1. Entity Name ADVANCED REALTY MANAGEMENT, INC. 04-10-2000 90043 031 \*\*\*150.00 Principal Place of Business Mailing Address 1401 SW 1ST ST 1401 SW 1ST ST SUITE 205 SUITE 205 MIAMI FL 33135-2213 MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0240570 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUNILLA- RAUL MUNILLA, RAUL Street Address (P.O. Box Number is Not Accompable) THE WHOT STREET MOVED MIAMI FL 3015 73147 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition HUNITIAN RAWLE STREET 2 STREET MIAMI Fr. 77147 SAME Cross Change Addition Cross S.W. 70th Street 2 Street Listing Frank TITLE D De'ete TITLE NAME NAME MUNILLA, RAUL HELST ST STE 205 MOVED STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL **PST** ☐ Delete TITLE TITLE MUNILLA, RAUL NAME HELDW 10T CT, OF 205 MOVED STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplindicated on this report or supplemental of the corporation or the requiver of truste changed, or on an attachment with an ad-

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and mat my signature shall have the same legal effect as if made under oath; that I am an officer or director seemplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if