

2000 UNIFORM BUSINESS REPORT (UBR)

0226256

DOCUMENT # S74227

1. Entity Name

THE PROPERTY COUNSELOR, INC.

FILED

00 FEB 25 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

269 GIRALDA AVE
STE 303
CORAL GABLES FL 33134

269 GIRALDA AVE
STE 303
CORAL GABLES FL 33145-2660

2. Principal Place of Business

3. Mailing Address

2103 Coral Way

2103 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33145

USA

33145

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAGO, RENE JR.
269 GIRALDA AVE
STE 303
CORAL GABLES FL 33134

Name

Dago, Rene Jr.

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

2103 Coral Way

Suite 201

City

Miami

FL

Zip Code

33145

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 VSD
NAME DAGO, RENE
STREET ADDRESS 2346 SW 17 TERRACE
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE R/D
NAME Dago, Rene Jr.
STREET ADDRESS 2103 Coral Way Suite 201
CITY-ST-ZIP Miami FL 33145 ☒ Change ☐ Addition

TITLE ASVD
NAME ABDELHADI, HUSNI R
STREET ADDRESS 1825 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME 300003155763-7
STREET ADDRESS -03/03/00--01011--007
CITY-ST-ZIP *****158.75 *****158.75 ☐ Change ☐ Addition

TITLE PD
NAME RAMUDO, LUIS E
STREET ADDRESS 13701 SW 103 AVENUE
CITY-ST-ZIP MIAMI FL 33176 ☒ Delete

TITLE V/S/D
NAME Turro, Juan A.
STREET ADDRESS 2103 Coral Way Suite 201
CITY-ST-ZIP Miami FL 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V/AS/D
NAME Roa Charro, Maria Del Pilar
STREET ADDRESS 2103 Coral Way Suite 201
CITY-ST-ZIP Miami FL 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME Mojica, Antonio
STREET ADDRESS 2103 Coral Way Suite 201
CITY-ST-ZIP Miami FL 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME Ardavin, Carlos
STREET ADDRESS 2103 Coral Way Suite 201
CITY-ST-ZIP Miami FL 33145 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00

305-774-6636

CR2E034 (9/99)