

# 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**

Principal Place of Business <b>269 GIRALDA AVE STE 303 CORAL GABLES FL 33134</b>	Mailing Address <b>269 GIRALDA AVE STE 303 CORAL GABLES FL 33145-2660</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2103 Coral Way</b>		3. Mailing Address <b>2103 Coral Way</b>	
Suite, Apt. #, etc. <b>201</b>		Suite, Apt. #, etc. <b>201</b>	
City & State <b>Miami Fl</b>		City & State <b>Miami Fl</b>	
Zip <b>33145</b>	Country <b>USA</b>	Zip <b>33145</b>	Country <b>USA</b>

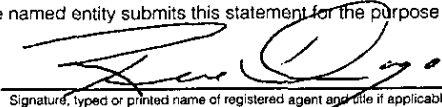
4. FEI Number <b>65-0285994</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**DAGO, RENE JR.  
269 GIRALDA AVE  
STE 303  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name <b>Dago, Rene Jr.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2103 Coral Way</b>
<b>Suite 201</b>
City <b>Miami</b>
State <b>FL</b>
Zip Code <b>33145</b>

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  (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

TITLE <b>VSD</b>	<input type="checkbox"/> Delete
NAME <b>DAGO, RENE</b>	
STREET ADDRESS <b>2346 SW 17 TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33145</b>	
TITLE <b>ASVD</b>	<input type="checkbox"/> Delete
NAME <b>ABDELHADI, HUSNI R</b>	
STREET ADDRESS <b>1825 PONCE DE LEON BLVD</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	
TITLE <b>PD.</b>	<input checked="" type="checkbox"/> Delete
NAME <b>RAMUDO, LUIS E</b>	
STREET ADDRESS <b>13701 SW 103 AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL 33176</b>	
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 <b>R/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Dago, Rene Jr.</b>	
STREET ADDRESS <b>2103 Coral Way Suite 201</b>	
CITY-ST-ZIP <b>Miami FL 33145</b>	
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 checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE:  DATE: **2/23/00** DAYTIME PHONE #: **305-774-6636**

CR2E034 (9/99)