

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90081 043 \*\*\*158.75

0181886

**DOCUMENT # S74227**

1. Entity Name  
**THE PROPERTY COUNSELOR, INC.**

Principal Place of Business  
**2103 CORAL WAY**  
**#201**  
**MIAMI FL 33145**

Mailing Address  
**2103 CORAL WAY**  
**#201**  
**MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0285994**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**DAGO, RENE JR.**  
**2103 CORAL WAY**  
**SUITE 201**  
**MIAMI FL 33145**

Name  
**Carmen A. Accordino**  
 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 **Carmen A. Accordino** *Carmen A. Accordino*

DATE **4/24/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAGO, RENE JR. 2103 CORAL WAY, STE. 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVD ABDELHADI, HUSNI R 1825 PONCE DE LEON BLVD CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TURRO, JUAN A 2103 CORAL WAY, SUITE 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD ROA CHARRO, MARIA DEL PILA 2103 CORAL WAY, STE. 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOJICA, ANTONIO 2103 CORAL WAY, STE. 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARDAVIN, CARLOS 2103 CORAL WAY, STE. 201 MIAMI FL 33145	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Uzcategui, Domingo 2103 Coral Way, Suite 201 Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D Roa Charro, Maria del Pilar 2103 Coral Way, Suite 201 Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/AS/D Ramudo, Luis A. 2103 Coral Way, Suite 201 Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Maldonado, Juan Carlos 2103 Coral Way, Suite 201 Miami, FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: **Luis A. Ramudo, V. President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/24/01** (305) 858-6233

DATE

Daytime Phone #

CR2E034 (10/00)

Attachment

835790

#S74227

**The Global Group**  
Coral Way, Suite 201  
Miami, FL 33145

Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: 2001 Business Report For: The Property Counselor, Inc.**

Gentlemen:

Enclosed is the 2001 Business Report for the captioned entity, together with a check issued by an affiliate in the amount of \$158.75, to cover the ~~\$25.00~~ filing fee and \$8.75 for a Certificate of Status, which you are requested to mail to the undersigned.

Very Truly Yours,

8/27/11 Carmen A. Accordino  
Carmen A. Accordino, Counsel