

2000/2001 **UNIFORM BUSINESS REPORT (UBR)**

05-23-2001 90520 001 ***300.00
V30359

DOCUMENT # V30359

1. Entity Name

Roltem Real Estate, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 12 PM 12:28

Principal Place of Business

Mailing Address

*c/o Joel Sanders CPA, PA
1535 N. Park Drive
Suite 103
Weston, FL 33326*

Same

73617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0327671

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

*Ronald R. Fieldstone
201 Alhambra Circle
Suite 601
Coral Gables, FL 33134*

Name

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

City

FL

Zip Code

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	<i>Ronald R. Fieldstone</i>	<i>201 Alhambra Circle, Suite 601</i>	<i>Coral Gables, FL 33134</i>	☐
	<i>Paul A. Lester</i>	<i>201 Alhambra Circle, Suite 601</i>	<i>Coral Gables, FL 33134</i>	☐
	<i>London K. Thorne III</i>	<i>201 Alhambra Circle, Suite 601</i>	<i>Coral Gables, FL 33134</i>	☐
	<i>Neil E. Crook</i>	<i>201 Alhambra Circle, Suite 601</i>	<i>Coral Gables, FL 33134</i>	☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ 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 owner 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

President

5/1/01

CR2E034 (9/99)