

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90196 028 \*\*\*150.00

**DOCUMENT # 599612**

1. Entity Name  
**AREX REALTY, INC.**



Principal Place of Business  
**10805 N KENDALL DR  
MIAMI FL 33176**

Mailing Address  
**10805 N KENDALL DR  
MIAMI FL 33176**



2. Principal Place of Business  
**1111 BRICKELL AVE.**

3. Mailing Address  
**P.O. Box 491230**

Suite, Apt. #, etc.  
**11TH FLOOR**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**KEY BISCAYNE, FL**

4. FEI Number  
**59-2302831**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**U.S.A**

Zip  
**33149**

Country  
**U.S.A**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RUIZ, JOSE A**  
**10805 NORTH KENDALL DRIVE ~~1111 BRICKELL AVE.~~, 11 FLOOR**  
**MIAMI FL 33176**  
**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose A. Ruiz, R. AGENT*

**4-15-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **ST**  Delete  
NAME **TORRES, ALICIA**  
STREET ADDRESS **10805 N KENDALL DR ~~1111 BRICKELL AVE.~~, 11TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **HERRERA, JOSE**  
STREET ADDRESS **10805 N KENDALL DR ~~1111 BRICKELL AVE.~~, 11TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Jose A. Ruiz, R. AGENT*

**4-2-03**

**305-274-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)