

**2001 UNIFORM BUSINESS REPORT-(UBR)**

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90306 050 \*\*\*158.75

**DOCUMENT # 684656**

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

Principal Place of Business <b>MAIN REALTY, INC.</b> <b>PO BOX 650867</b> <b>MIAMI FL 33265-0867</b> <b>US</b>	Mailing Address <b>MAIN REALTY, INC.</b> <b>PO BOX 650867</b> <b>MIAMI FL 33265-0867</b> <b>US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1437740</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**FORMENT, ROBERT**  
**C/O ALLEN E. SHERRILL**  
**STE 213**  
**MIAMI FL 33133**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FORMENT, ROBERTO</b> <b>2447 SW 115TH AVE.</b> <b>MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>FORMENT, MARIA M.</b> <b>2447 SW 115TH AVE</b> <b>MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_ **2/28/01 (305) 221-3197**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ROBERTO FORMENT, PRESIDENT**

CR2E034 (10/00)