

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90130 008 \*\*\*\*50.00

**DOCUMENT # L01000007863**

1. Entity Name

**REAL ESTATE ACQUISITION, LLC**

Principal Place of Business

**7710-20 NORTHWEST 58TH WAY  
 SUITE 200  
 POMPANO BEACH FL 33073**

Mailing Address

**7710-20 NORTHWEST 58TH WAY  
 SUITE 200  
 POMPANO BEACH FL 33073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1106 406**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SQUIRE, STEVEN F ESQ.  
 625 NORTHEAST THIRD AVE.  
 FT. LAUDERDALE FL 33304**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAGARO, BRAD J 7710-20 NORTHWEST 58TH WAY POMPANO BEACH FL 33073</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

4/15/02

954-577-0954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)