FILED May 01, 2003 8:00 am

2003	FOI	R PF	ROFIT	CORP	ORAT	rion
UNIFO	RM	BUS	SINES	S REP	ORT	(UBR)

DOCUMENT # M25291 1. Entity Name UNITED REAL ESTATE SERVICES, INC.					Secretary of State 05-01-2003 90333 010 ***150.00			
Principal Place of Business 7975 N.W. 154TH STREET \$-400 MIAMI LAKES FL 33016 US 2. Principal Place of Business		Mailing Address 7975 N.W. 154TH STREET S-400 MIAMI LAKES FL 33016 US 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2687436 Applied For Not Applicable			
Zip	Country	Zip Cour			5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent			
BRIELE, F) AREDT		Name	_				
1	/. 154TH STREET		Street /	Address (I	(P.O. Box Number is Not Acceptable)			
SUITE 40	• "			 -				
MIAMI LAKES FL 33016			City	ty Zip Code				
		the purpose of changing its r	egistered office o	r register	red agent, or both, in the State of Florida. I am familiar with, and accept			
the obligat	tions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signa	ture required	d when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			<u> </u>		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRIELE, ROBERT 7975 HW 154TH STREET S-400 MIAMI LAKES FL 33016	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	P 8797	jares Anthony or Change Addition 15 Ni 154 st. 1#400			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ARTURO 7975 NW 154 STREET S-400 MIAMI LAKES FL 33016	∭ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS C(TY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			

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.