

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90288 001 ***150.00
05-22-2002 90288 002 *****8.75

DOCUMENT # P01000044593
1. Entity Name
Narzinsky Realty, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9534 Seminole Blvd.
Suite, Apt. #, etc.

3. Mailing Address
9534 Seminole Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Seminole, FL

City & State
Seminole, FL

Zip 33772 Country USA

Zip 33772 Country USA

4. FEI Number
061616128

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Lara Narzinsky

Street Address (P.O. Box Number is Not Acceptable)
9534 Seminole Blvd.

City
Seminole FL Zip Code 33772

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 Lara Narzinsky 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE P/T/D	President/Treasurer/Director	TITLE NAME	
NAME	Lara Narzinsky	STREET ADDRESS	
STREET ADDRESS	9534 Seminole Blvd.	CITY-ST-ZIP	
CITY-ST-ZIP	Seminole, FL 33772	TITLE NAME	
TITLE D	Director	STREET ADDRESS	
NAME	Erwin Narzinsky	CITY-ST-ZIP	
STREET ADDRESS	9534 Seminole Blvd.	TITLE NAME	
CITY-ST-ZIP	Seminole, FL 33772	STREET ADDRESS	
TITLE NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		TITLE NAME	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		TITLE NAME	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/30/02 727-320-0722
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034B (12/01)