

04-28-2003 91491 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000007295**

1. Entity Name  
**FIRST OPTION REALTY, INC.**



**10090141**

Principal Place of Business 1721 S.W. 87TH TERRACE MIRAMAR, FL 33025	Mailing Address 1721 S.W. 87TH TERRACE MIRAMAR, FL 33025
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <b>750 S. Orange Blossom Trail</b> Suite/Apt. #, etc. <b>253</b>	3. Mailing Address <b>750 S. Orange Blossom Trail</b> Suite/Apt. #, etc. <b>253</b>
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City & State <b>Orlando Florida</b>	City & State <b>Orlando Florida</b>	4. FEI Number <b>752-987688</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32805</b>	Country <b>Orange</b>	Zip <b>32805</b>	Country <b>Orange</b>

6. Name and Address of Current Registered Agent <b>DARIUS, ICLESIASTE</b> 1721 S.W. 87TH TERRACE MIRAMAR, FL 33025	7. Name and Address of New Registered Agent Name <b>Iclesiaste Darius</b> Street Address (P.O. Box Number is Not Acceptable) <b>771 S.W. 190 Ave</b> City <b>Pembroke Pines</b> FL Zip Code <b>33029</b>
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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: **Iclesiaste Darius / Iclesiaste Darius** DATE: **4/24/03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when missing)

<p><b>FILE NOW!!! FEE IS \$160.00</b>                  After May 1, 2003 Fee will be \$560.00                  Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DARIUS, ICLESIDSTE</b>		NAME	
STREET ADDRESS <b>1721 S.W. 87TH TERRACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIRAMAR, FL 33025</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Iclesiaste Darius Iclesiaste Darius** DATE: **4/24/03** 954-224-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)