

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90050 041 ***158.75

DOCUMENT # P96000050624

1. Entity Name
REAL LIFE RESOURCES, INC.

Principal Place of Business
**1875 NE 168 STREET
 1ST FLOOR
 NORTH MIAMI BEACH FL 33162**

Mailing Address
**6749 ROSE DRIVE
 MIRAMAR FL 33023**



2. Principal Place of Business

3. Mailing Address

1875 NE 168 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st floor

City & State

City & State

North Miami Bch, Fl

4. FEI Number

65-0674774

Applied For
 Not Applicable

Zip

Country

Zip

Country

33181

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAHMING, SHERYLL A
 6749 ROSE DR
 MIRAMAR FL 33023-4852**

Name

Rahming, Sheryll

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

1875 NE 168 St

City

North Miami Beach

FL

Zip Code

33181

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

Sheryll A. Rahming

Sheryll A. Rahming as Pres / RA 2/16/02

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TP	RAHMING, SHERYLL A	6749 ROSE DR	MIRAMAR FL 33023	<input type="checkbox"/>
VP,S	MOSES, CECIL L	795 NW 186 DR	MIAMI FL 33169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President, Treasurer	Rahming, Sheryll	1875 NE 168 St	North Miami Beach, Fl 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Amica, Constance	1875 NE 168 St	North Miami Beach, Fl 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer/Asst	Moses, Cecil	1875 NE 168 St	North Miami Beach, Fl 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Taylor, Colleen	1875 NE 168 St	North Miami Beach, Fl 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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:

Sheryll A. Rahming as Pres Sheryll A. Rahming 2/14/02 (305) 940-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)