

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 14, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000093819

1. Entity Name
IREALITY GROUP USA, INC.

Principal Place of Business 3040 UNIVERSAL BLVD. WESTON FL 33331	Mailing Address 3040 UNIVERSAL BLVD. WESTON FL 33331
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2. Principal Place of Business 3050 UNIVERSAL BLVD. Suite, Apt. #, etc. SUITE 190	3. Mailing Address 3050 UNIVERSAL BLVD. Suite, Apt. #, etc. SUITE 190
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City & State WESTON FL	City & State WESTON FL
Zip 33331	Country

4. FEI Number
65-0874644

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
 SUNTRUST INTERNATIONAL CENTER
 ONE S.E. THIRD AVENUE, 28TH FLOOR
 MIAMI FL 33131 US

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 _____ DATE **09/14/2001**

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

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUBNITSKY HAROLD 17351 SW 58 ST FORT LAUDERDALE FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUDZIAK WILLIAM 2430 NE 36 ST POMPANO BEACH FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REEB SHAYNE 3417 WATER OAKS DR HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES TODD 2755 NW 115TH TERRACE POMPANO BEACH FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HAROLD GUBNITSKY **S** 09/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)