04/26/2002 11:43 3052739137 ORLANDO DE /

2002.

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90013 013 ***158.75

DOCUMENT # P93000052590.

1. Entity Name

ALLSTATE REALTY SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

B00093038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8370 W FLAGLER ST.		8370 W FLAGLER ST.	
Suite, Apt. #, etc. #145		Suite, Apt. #, etc. #145	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33144	Country USA	Zip 33144	Country USA

4. FEI Number 65-0428973 — 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: CUENCA, DAISY N.

Street Address (P.O. Box Number Is Not Acceptable): 8370 WEST FLAGLER ST

City: MIAMI FL Zip Code 33144.

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 [signature] 04-26-02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUENCA, DAISY N. 8370 WEST FLAGLER. ST. Suite #145. MIAMI, FL 33144	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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] 04/26/02 305-228-0070

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