2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90169 034 ***158.75

DOCUMENT # P98000096766

1. Entity Name
WOLF REAL ESTATE GROUP, INC.

Principal Place of Business	Mailing Address
1200 PONCE DE LEON BLVD.	1200 PONCE DE LEON BLVD.
MIAMI FL 33134	MIAMI FL 33134

2. Principal Place of Business	3. Mailing Address
19500 Turnberry Way	19500 Turnberry Way
Suite, Apt. #, etc. 8-B	Suite, Apt. #, etc. 8-B
City & State Aventura, Fl	City & State Aventura, Fl
Zip 33180 Country USA	Zip 33180 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0877468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLF, JORGE L.
2875 NE 191ST STREET
AVENTURA FL 33180

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	☐ Delete
NAME	WOLF, ENRIQUE	
STREET ADDRESS	19500 TURNBERRY WAY, 8-B	
CITY-ST-ZIP	N. MIAMI FL 33180	
TITLE	VP	☐ Delete
NAME	WOLF, ENRIQUE	
STREET ADDRESS	19500 TURNBERRY WAY, 8-B	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: SIGNATURE REQUIRED Enrique Wolf 2/18/03 (305) 785-5907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #