2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

307387 **DOCUMENT #**

1. Entity Name

REAL REALTY INC



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90938 047 ***150.00

				7	
Principal Place of Business 2523 S.W. 19TH STREET MIAMI FL 33145		Mailing Address 2523 S.W. 19TH STREE MIAM! FL 33145	ī		,
2 Gringing	Plane of Province	T			
2. Principal Place of Business		3. Mailing Address		1 100:00 11141 00411 10880 41184 10411 1084 01041 1	95811 01011 35811 01011 01016 1005
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-1205465	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered	
CODTINA	HECTOR I		Name	•	
	, HECTOR L. 19 STREET		Street Addres	(P.O. Box Number is Not Acceptable)	
MIAMI FL 33146				-	
	And the second second		City	Fl	
The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing it	ts registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept
SIGNATURE			•		
O/GIT/ (I OI)E	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registered Agent signature requ	uired when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00			O Floring Committee Committee	4
Afte Make Checi	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be ☐ Added to Fees
10.		D DIRECTORS	11.	ADDITIONO IO LANGESTO OCCUPANTO	
TITLE	PTDV	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11 ☐ Change ☐ Addition
NAI#E	LAMAR, ROLANDO I.	_ 5000	NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP	2523 SW 19 STREET MIAMI FL		STREET ADDRESS		
TITLE	SVDT	☐ Delete	CITY-ST-ZIP		
NAME	CORTINA, HECTOR L.	□ Delete	TITLE NAME		Change Addition
STREET ADDRESS	2523 SW 19 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE NAME	<u> </u>	- Defete		the consequence who were the consequence of the con	~-Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		}
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	***	☐ Delete	TITLE		☐ Change ☐ Addition
NAME CIRCU ADDRESS		•	NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		ì
TITLE					
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	•	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		1
	ertify that the information supplied wit	th this filing does not availed to		See 140 07/0V/2 El	

indicated on this report or 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-8598524