FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am **DOCUMENT # 439114** Secretary of State 1. Entity Name CLUB REALTY, INC. 02-15-2001 90028 031 ***150.00 Principal Place of Business Mailing Address 1820 NE 163RD ST. % MILLIE LANE 2161 N.E. 190TH LANE SUITE 206 00017370 NORTH MIAMI FL 33162 MIAMI FL 33179-4352 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2331388 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANE, MILLIE Street Address (P.O. Box Number is Not Acceptable) 1820 NE 163RD ST #206 NORTH MIAMI BEACH FL 33162-4801 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE SOCORRO, DORIS NAME NAME STREET ADDRESS 7845 SW 32ND TERR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SIERRA, VICTOR M NAME NAME STREET ADDRESS 2161 N.E. 190TH TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BCH. FL 33162-4801 ☐ Change Addition TITLE ☐ Delete TITLE NAME LANE, STANLEY S NAME STREET ADDRESS 1820 NE 163 ST., STE. 206 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BCH FL 33162:4801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LANE, MILLIE NAME NAME STREET ADDRESS 1820 NE 163RD ST., STE. 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BCH. FL 33162-4801 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/2001 305-93/-46/4