

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 473128

1. Entity Name
FAMILY OF REALTYS, INC.

Principal Place of Business
70 WESTWARD DR
P O BOX 660600
MIAMI SPRINGS FL 33166
US P.O. Box 660600

Mailing Address
70 WESTWARD DR
PO BOX 600
MIAMI SPRINGS FL 33166
US

2. Principal Place of Business
143 Westward Dr.
Suite, Apt. #, etc.
MIAMI Springs, FL

3. Mailing Address
143 Westward Dr.
Suite, Apt. #, etc.
P.O. Box 600
MIAMI Springs FL

City & State
Zip
33266 Country
USA

City & State
Zip
33266 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1661014

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOREHOUSE, EARL W.
143 Westward Dr
P. O. BOX 660600
MIAMI SPRINGS FL 33266

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 PD
NAME MOREHOUSE EARL W
STREET ADDRESS 70 WEST WARD DR
CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete

TITLE TREA
NAME MOREHOUSE GRACE M
STREET ADDRESS 1075 1 BIS AVE
CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete

TITLE S
NAME OLIVER, JEAN
STREET ADDRESS 1200 FALCON AVE
CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME more house EARL W
STREET ADDRESS 143 Westward Dr
CITY-ST-ZIP MIAMI Springs FL 33166 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02 (305) 888-2477

Date Daytime Phone #

96232333 AV

CR02034 (9/01)