			NESS REPO	RT	(UBF	 ·	-	ILED		ž .	
1. Entity Nam	MENT # e ealty, inc.						Apr 09, 2 Secreta	2001 08: ary of S			
Principal Plac 8382 S W 124 S			Mailing Address 8382 S W 124 STREET								
MIAMI 33156		FL	MIAMI 33156		FL						
2. Principal P 8382 SW 124 ST	face of Business	;	3. Mailing Address 8382 SW 124 STREET								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO	NOT WRITE IN T	HIS SPACE	–	
City & State MIAMI		FL	City & State		FL		FEI Number 9-1827338			pplied For	اً
Zip 33156		Country	Zip 33156	Coun	itry	- 1	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
· · · · · · · · · · · · · · · · · · ·	6. Name an	d Address of Current F	Registered Agent			7. 1	Name and Address	of New Register	ed Agent		1
CAINES, RA 8382 SW 124 MIAMI				Name CAINES G. HERBERT Street Address (P.O. Box Number is Not Acceptable) 8382 SW 124 STREET						-	
33156				City MIAMI				Zip Cod 33156	- <u></u> e	-	
8. The above	named entity su	bmits_this statement for	the purpose of changing its	register	ed office or	registered ag	ent, or both, in the S	tate of Florida.			1
SIGNATURE _		BERT CAINES	<u> </u>	: Registere	d Agent signatu	re required when re	einstating)	- 04/	09/2001	<u></u>	
Tax filing r	pration is eligible equirement and ria on back)	to satisfy its Intangible elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabi)1 Fee	will be \$5	50.00	10. Election Can Trust Fund C			0 May Be to Fees	
11.		OFFICERS AND I	DIRECTORS	12.		ΑD	DITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	S IN 11	1
TITLE NAME	VSTD GAINES	G. HERBERT	☐ Delete	TITLE		VSTD CAINES	JULIE G		∑ Change	☐ Addition	E034 (11/00)
STREET ADDRESS CITY-ST-ZIP	12445 SW 84T MIAMI	TH AVE RD	FL 33156		ET ADDRESS - ST-ZIP	8382 SW 12 MIAMI	4 STREET	FI	33156		E034 (
TITLE NAME	PD CAINES, RAN	MONIA L	☐ Delete	: TITLE NAM		PD CAINES	G. HERBERT		X Change	Addition	CR2
STREET ADDRESS CITY-ST-ZIP	8382 S W 124 MIAMI, FLOI				ET ADDRESS - ST-ZIP	8382 SW 12 MIAMI	4 STREET	FI	33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE	E E ET ADDRESS				Change	☐ Addition	1
TITLE NAME STREET ADDRESS		. =	☐ Delete	TITLE NAM					☐ Change	☐ Addition	_
CITY-ST-ZIP TITLE NAME			☐ Delete	CITY					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE CITY	ET ADDRESS -ST-ZIP						
of the cor	poration or the re	supplemental report is eceiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report a ith all other like empowered.	IV CIMOS	tura chail h	ava tha cama	legal offect on if may			ar disastar	
SIGNAT	~:·	. HERBERT CAINES	S NINTED NAME OF SIGNING OFFICER O	R DIRECT	TOR	F	PD 04/09/2	2001	Daytime Phone #		