## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # 5538 TIONAL REALTY INVEST		<u></u>	Secretary of State 04-28-2002 90779 034 ***150.00
Principal Place of Business 5500 N.W. 69TH AVE. LAUDERHILL FL 33319 US		Mailing Address P O BOX 5524 FT LAUDERDALE FL 3331 US	0-5524	
2. Principal Place of Business		3. Mailing Address		L INDVERT BANDA BANDO INTER DANGE ANNO DINTER DIDIR DIDIR DIDIR DANGE DIDIR DIDIR DIDIR DIDIR IDDIR
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-1763378 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curr		- F Nome	7. Name and Address of New Registered Agent
ROSENTHAL, STANLEY 5500 N.W. 69TH AVE. LAUDERHILL FL 33319				s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above	e named entity submits this stateme	nt for the purpose of changing its	l registered office or regis	tered agent, or both, in the State of Florida.
Tax filing	Signature, typed or printed name of registered a oration is eligible to satisfy its Intang requirement and elects to do so.	pible FILE NOW!	Registered Agent signature requi	10. Election Campaign Financing \$5.00 May Be
			le to Department of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST ROSENTHAL, STANLEY 5500 N.W. 69TH AVE. LAUDERHILL FL 33319	ND DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n Touris on maseries (1) care	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the corchanged,	certify that the information supplied on this report or supplemental report poration or the recoiver of trust for or on an attachment of an arthrib	with this filing does not qualify for irt is true and accurate and that n mpowered to execute this report of with all other like empowered.	the exemption stated in the signature shall have the same required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director i07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

REQUISTANLEY R. ROSENTHAL

4/18/02

954-572-2113

Daytime Phone #