FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90106 008 ***150.00

DOCUMENT # 554803

1. Entity Name

CONTINENTAL REALTY SERVICES, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
7460 LA PAZ		7460 LA PAZ	
Suite, Apt. #, etc. #209		Suite, Apt. #, etc. #209	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33433	Country USA	Zip 33433	Country USA

4. FEI Number 59-2460506 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name ROBERT D. ROSS

Street Address (P.O. Box Number is Not Acceptable) 7460 LA PAZ #209

City BOCA RATON **FL** Zip Code 33433

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] ROBERT D. ROSS P/S/T 2/18/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PST	TITLE	
NAME	ROBERT D. ROSS	NAME	
STREET ADDRESS	7460 LA PAZ #209	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROBERT D. ROSS P/S/T 2/18/02 561-362-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #