2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 28, 2000 8:00 am Secretary of State DOCUMENT # 558184 1. Entity Name REALTY INVESTMENT GROUP, INC. 03-28-2000 90050 018 ***150.00 Principal Place of Business Mailing Address 6934 GRENELEFE RD 6934 GRENELEFE RD BOYNTON BEACH FL 33437-6003 **BOYNTON BEACH FL 33437** 60046033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1849128 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JESEL, REINE D Street Address (P.O. Box Number is Not Acceptable) 6934 GRENELEFE RD **BOYNTON BEACH FL 33437** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** ☐ Change Addition ☐ Delete TITLE JESEL, REINE D NAME NAME STREET ADDRESS 6934 GRENELEFE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change Addition ☐ Delete TITLE TITLE Jesel, reine d NAME NAME STREET ADDRESS 6934 GRENELEFE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Addition Change - □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 attachme

PED OR PRINTED NAME OF

SEL 3.25-600 361.374-6060