FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90451 015 ***150.00

DOCUMENT # 558184

1. Entity Name
REALTY INVESTMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
6934 GRENELEFE ROAD		6934 GRENELEFE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOYNTON BEACH, FLORIDA		City & State: BOYNTON BEACH FLORIDA	
Zip: 33437	Country: USA	Zip: 33437	Country: USA

4. FEI Number 59-1849128 ☐ 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: REINE D. JESEL
Street Address (P.O. Box Number is Not Acceptable): 6934 GRENELEFE ROAD
City: BOYNTON BEACH **FL** Zip Code: 33437

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

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	PVST	TITLE	
NAME	JESEL REINE D	NAME	
STREET ADDRESS	6934 GRENELEFE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FLORIDA 33437	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JESEL REINE D.	NAME	
STREET ADDRESS	6934 GRENELEFE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FLORIDA 33437	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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: Reine D. Jesel 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR