2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # 585538** 02-08-2007 90048 037 ***150.00 UNITED REAL ESTATE PROPERTIES, INC. Principal Place of Business Mailing Address dantrace 4779 TNOLI PLACE **4779 TWOLI PLACE** SARASOTA, FL 34235-3649 SARASOTA, FL 34235-3649 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-1842261 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANTE, MAROTTO M Street Address (P.O. Box Number is Not Acceptable) **4779 TIVOLI PLACE** SARASOTA, FL 34235-3649 City Zip Code FL 3. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition 🗌 Delete TITLE Change TITLE MAROTTO, DANTE M NAME NAME STREET ADDRESS STREET ADDRESS 4779 TIVOLI PL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 342353649 Change ☐ Addition TITLE TITLE MAROTTO, NANCY A NAME NAME **4779 TIVOLI PLACE** STREET ADDRESS STREET ADDRESS SARASOTA, FL 34235 CITY-ST-ZIP CTTY-ST-ZIP Change ☐ Addition TITLE TITLE Delete MAME WAINRIGHT, NORMA J NAME STREET ADORESS 4779 TIVOLI PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 342353649 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if

Marotto DANTE M. MAROTTO President 2/6/07 360-1600

FILED

Feb 08, 2007 8:00 am