**FILED** 

Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90134 024 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F06135 **DOCUMENT #** 1. Entity Name CAMEO REALTY, INC.



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Principal Place of Business			Mailing Address			-7			
37 N W 44TH STREET			37 N W 44TH STREET						
FT LAUD FL 33309			FT LAUD FL 33309						
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2. Principal Place of Business			3. Mailing Address					ill bibli bibli bibli bibli	HIN
Suite, Apt. #, etc.			Suite, Apt. #, etc.				L CHECK HERE IE I	MAKING CHANGES	
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City & State			City & State		4. FEI Number	E0-2042E74	<u> </u>	pplied For	
							59-2042571	N	ot Applicable
Zip	İ	Country	Zip Country		5. Certificate of	Status Desired		ditional	
					Fee Required				
	6. Name at	nd Address of Current	Registered Agent			7. Name and A	ddress of New Regi	stered Agent	
					Name				
CORRAO,	ROSE			Street Address (		ss (P.O. Box Number i	s Not Acceptable)		
37 NORTHWEST 44TH STREET									
FORT LAU	JDERDALE FL	. 33309		1					
				-	City			Tip Cod	
					City			FL Zip Cod	ie
8. The above	named entity s	ubmits this statement fo	or the purpose of changing it	ts registered	d office or regis	stered agent, or both,	in the State of Florida	a. I am familiar with,	and accept
the obligati	tions of register	ed agent.							
SIGNATURE .	Signature, typed or r	printed name of registered agent	and title if applicable. (NC	TE: Registered	Agent signature regi	uired when reinstating)		DATE	<del></del>
		<del></del>	<del></del>						
		FEE IS \$150.00				9. Elect	ion Campaign Financ	ing <b>\$5.0</b>	<b>)0</b> May Be
After	r May 1, 2003	Fee will be \$550.00 Torida Department of	f Chain			Trust	Fund Contribution.		d to Fees
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10;	·	OFFICERS AND		11.	<del></del>	ADDITIONS/CI	HANGES TO OFFICE	·~ ~ ~	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

学に同じる THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR