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

F36626 DOCUMENT #



FILED May 05, 2003 8:00 am Secretary of State

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05-05-2003 91436 030 ***150.00 1. Entity Name I.R.E. REALTY ADVISORY GROUP, INC. Principal Place of Business Mailing Address P. O. BOX 5403 P. O. BOX 5403 FT. LAUDERDALE FL 33310 FT. LAUDERDALE FL 33310-5403 นร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2098681 Not Applicable Zip Country 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 LEVAN, ALAN B. Street Address (P.O. Box Number is Not Acceptable) 1750 E SUNRISE BLVD 3RD FLOOR FT. LAUDERDALE FL 33304 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE Change LEVAN, ALAN B NAME NAME 1750 E. SUNRISE BLVD., 3RD FLOOR STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP VTS TITLE Delete TITLE Change Addition GILBERT, GLEN R. NAME NAME 1750 E. SUNRISE BLVD., 3RD FLOOR STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

GLEN R. GILBERT

Daytime Phone #