## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Karathy

## FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # F9900002461 REALTY INVESTMENT CORP. 02-01-2000 90140 037 \*\*\*150.00 Principal Place of Business Mailing Address 1331 MUROK WAY SO. 1331 MUROK WAY SO. ST. PETERSBURG FL 33705-6128 ST. PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address 447 3rd Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite #306 deute # 306 Applied For City & State 4. FEI Number 22-2782174 Not Application Country \$8.75 Additional 5. Certificate of Status Desired 33701 33701 PN Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONALEZ, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1331 MUROK WAY SO. ST. PETERSBURG FL 33705 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE TITLE NAME GONZALEZ, ROBERT NAME STREET ADDRESS STREET ADDRESS 1331 MUROK WAY SO. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Change ☐ Delete TITLE TITLE NAME GONZALEZ, DOROTHY NAME STREET ADDRESS STREET ADDRESS 1331 MUROK WAY SO. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 - Delete -TITLE \_.... ... Change TITLE - \_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □..... ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_ · · · · ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if