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FILED
Apr 21, 2002 8:00 am
Secretary of State
03-19-2002 90032 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60942

1. Entity Name

REALCORP EQUITIES GROUP, INC.

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[redacted]

24532

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1495 FOREST HILL BLVD.	1495 FOREST HILL BLVD.
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33406 Country: USA	Zip: 33406 Country: USA

4. FEI Number: 59-2548840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARP, MICHAEL T.

Street Address (P.O. Box Number is Not Acceptable): 1495 FOREST HILL BLVD. SUITE A

City: WEST PALM BEACH FL Zip Code: 33406

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARP, MICHELE 1495 FOREST HILL BLVD. SUITE A WEST PALM BEACH, FL 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KENNEDY, FRANCINE 1495 FOREST HILL BLVD. SUITE A WEST PALM BEACH, FL 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, THOMAS F. 1495 FOREST HILL BLVD. SUITE A WEST PALM BEACH, FL 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARP, MICHAEL T. 1495 FOREST HILL BLVD. SUITE A WEST PALM BEACH, FL 33406
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CR2E034B (12/01)

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: _____ 3/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Electronic Phone #