## 2003 FOR PROFIT CÓRPORATION UNIFORM BUSINESS REPORT (UBR

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## **FILED** Mar 07, 2003 8:00 am Secretary of State

02-24-2003 90197 033 \*\*\*\*72.50 02-03-2003 90063 043 \*\*\*\*72.50 03-07-2003 90130 010 \*\*\*\*\*5 00

DOCUMENT # L56753  1. Entity Name SOUTHWEST REALTY OF MIAMI, INC.								-2003 90 -2003 90			*5.00
Principal Place of Business C/O ROGELIO REGUERA 700 SW 58 CT MAMI FL 30144			Mailing Address C/O ROGELIO REGUERA 700 SW 58 CT MIAMI FL 33144								
2. Principal Place of Business			3. Mailing Address				E TRANSCEL PAR PERTO BEREI FRANCE EUT	I	1 4 14 13 <b>1</b> 3 <b>1</b>	I Bish Yaki ya	K
Suite, Apt. #, etc.			Suite, Apt. #. etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4	4. FEI Number 65-0184853 Applied For Not Applied be				
Zíp	<del></del>	Country	Zip	Cour	iry		. Certificate of Status Desired	□ <b>\$</b>	8.75 A	dditional	_
	6. Name	and Address of Current Re	gistered Agent				Name and Address of New Re	gistered A	ent	red	
REGUER	A, ROGELIO		•		Name						
-700 SW 58 CT				Street Addre	Street Address (P.O., Box Number is Not Acceptable)						
MIAMI FI	L 33144						<del></del>				-
			•		City		<del></del>	FL	Zip Co	de	
8. The above the obligation	re named entity ations of regist	y submits this statement for the ered agent.	ne purpose of changing its o	registere	d office or regi	stered &	agent, or both, in the State of Flori	da. Jam fan	niliar with	, and accep	×
SIGNATURE		or printed rights of registered agent and	ide il applicable (NOTE:	Pegistered	Agent signature req	usted when	(Winterling)	DATE			1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Final Trust Fund Contribution.		\$5.0 Adde	DO May Be d to Fees	-
TITLE	TD-	OFFICERS AND DIP		11.		A	ODITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	IS IN 11	ا _ ا
NAME STREET ADDRESS DITY-ST-ZIP	REGUERA, 700 SW 58 MIAMI FL	ROGELIO CT	October .	NAME STREE CITY-S	TADORESS ST-ZIP	•		5	Change	☐ Addition	3R2E034 (10/02)
NITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADORESS 1. Zip			Ε	Change	Addition	CRZ
TITLE			Delete	_TITLE_					Change	Aridition	
ȘTREE <u>T</u> ADORESS. City-st-zip	ļ. <del></del>			-9:REE1	ADDRESS						-
TITLE Name Street address City-S1-ZIP			C Oelets	TITLE	ADORESS			0	Change	☐ Addition	
TITLE HAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST	LOORESS -ZIP				Change	☐ Addition	
TITLE LAME STREET ADDRESS STY-ST-ZIP			□ Delete	TITLE NAME STREET A CITY-ST-					Trange	Addition	

12. I hereby certify that the information supplied with this filling 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 the compowered.

SIGNATURE:

305-264-0196