2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 06, 2002 8:00 am Secretary of State DOCUMENT # L87642 1. Entity Name 05-06-2002 90079 037 ***150.00 LYRIC REALTY GROUP, INC. Principal Place of Business Mailing Address 14910 CASEY ROAD 14910 CASEY ROAD TAMPA FL 33624 **TAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3133135 Not Applicable Zip Zip 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 MITULINSKY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 14910 CASEY ROAD **TAMPA FL 33624** City Zip Code e or registered agent, or both, in the State of Florida 8. The above named en SIGNATURE · 情况分子。Signatu 10. Election Campaign Financing Salvar Trust Fund Contribution 9. This corporation is eligible to satisfy its Intengible FILE NOVIII FEE IS \$150.00 \$5.00 May Be Tax filing requirement and elects to do so (See criteria on back) After May 1, 2002 Fee will be \$550.00 Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MITULINSKY, RICHARD STREET ADDRESS STREET ADDRESS 16205 LAKE MAGDALENE BLD 33613 CITY-ST-ZIP CITY-ST-ZIP_ TAMPA FL 38610 336/3 Secretary-Treasurer _ Change Lynne Mitulinsky 16205 LRKE Magdalene Blud. Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPO FL 3,7613 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

FILED