

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90034 001 ****50.00

DOCUMENT # M00000000489

1. Entity Name
HIALEAH REALTY GROUP, LLC

Principal Place of Business
~~2302 NOSTRAND AVENUE
 BROOKLYN NY 11210~~

Mailing Address
~~2302 NOSTRAND AVENUE
 BROOKLYN NY 11210~~

2. Principal Place of Business
1350 W 6 Ave
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 403818
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HIALEAH FL
 Zip
33010

City & State
MIAMI BEACH FL
 Zip
33140

4. FEI Number **11-3554865**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

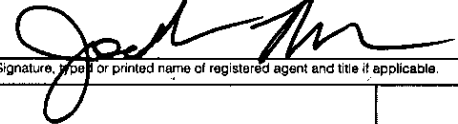
6. Name and Address of Current Registered Agent

JOSEPH, JERRY
100 GOLDEN ISLES DR., STE 1204
HALLANDALE BEACH FL 33009

7. Name and Address of New Registered Agent

Name **YOSIE LIPSKAR**
 Street Address (P.O. Box Number is Not Acceptable)
40 BEACH PROPERTIES
3100 COLLINS AVE
 City **MIAMI BEACH FL** Zip Code **33140**

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  **4/12/02**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAND, PINCUS 937 EAST 22 STREET BROOKLYN NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAND, ARIE 3480 SHERIDAN AVENUE MAIMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)