

2003
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M30934
 1. Entity Name
DOW GUARANTEE REALTY GROUP, INC.

Principal Place of Business Mailing Address
 9501 NE 2 AVE. 9501 NE 2 AVE
 MIAMI SHORES FL 33138 MIAMI SHORES FL 33138

2. Principal Place of Business 3. Mailing Address
9901 NE 5TH Ave **801 N.E. 76 St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Fla **Miami Fla**
 Zip Country Zip Country
33138 **Dade** **33138** **Dade**

6. Name and Address of Current Registered Agent
STIBER, MIKE
11601 BISC. BLVD.
SUITE 100
MIAMI FL 33161

7. Name and Address of New Registered Agent
 Name **Linda Kluck**
 Street Address (P.O. Box Number is Not Acceptable)
801 N.E. 76 St
 City **Miami** FL Zip Code **33138**

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 *Linda C Kluck* DATE **4/23/03**
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning))

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STIBER, MIKE 9501 NE 2 AVE MIAMI SHORES FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STIBER, MIKE 9501 NE 2 AVE MIAMI SHORES FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUCK, CHARLES 9501 NE 2 AVE MIAMI SHORES FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUCK, LINDA C 9501 NE 2 AVE MIAMI SHORES FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Linda C Kluck* **4-25-02** **305-891-7830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Linda C Kluck **4-25-03** **305-757-8287**