FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2002 8:00 am Secretary of State

DOCUMENT # M 60145			04-24-2002 90342 001 ***150.00		
REALT GROUP SE	RVICES, IUC)			
,			-		
DO NOT WRIT	E IN THIS SP	PACE			
2. Principal Place of Business /5572 Sus /42 Court	pal Place of Business 2 Sts / 42 Court 3. Mailing Address 155/2 Stw / 42 Court 155/2		-		
Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State MIAMI, FL	الريسر مرتباها		4. FEI Number	Applied For Not Applicable	
Zip Country 3 3 (2) 2	7,33177	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		- Name /0 //	7. Name and Address of Current Registe	red Agent	
DO NOT MOTE			ARUT VAN HORA		
IN THIS SPACE		1557	Street Address (2.0. Sox Number is Not Acceptable)		
		City			
		CHMIAN	<i>-</i> /F	L プラックフ	
8. The above named entity submits this statement	nt for the purpose of changing its r	registered office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE	gent and fille if applicable. (NOTE:	. Registered Agent signature requir	ed when relastating) DAT	- E	
9. This corporation is eligible to satisfy its intentible. January 1 - May 1 Fee is \$150.00					
Tax filing requirement and elects to do so. (See criteria on back)	l, Fee is \$550.00 UBR is \$61.25 e to Department of St	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
- 10000	ND DIRECTORS				
MAME PAGIFS VAN	HORN	TITLE NAME	•	12/0	
NAME STREET ADDRESS CITY-ST-ZIP TOTAL O HAIZITS VAN 15512 S W 142 MAN TOTAL TOTAL OTHER OHAIZITS VAN TOTAL OHAIZITS VAN TOTAL TOTAL OTHER OHAIZITS VAN TOTAL OHAIZITS VAN TOTAL OTHER OHAIZITS VAN TOTAL OHAIZITS VAN TOTAL TOTAL OTHER OHAIZITS VAN TOTAL OHAIZITS VAN TOTAL TOTA	20087	STREET ADDRESS CITY-ST-ZIP		CR2E034B (1201)	
		THILE			
NAME STREET ADDRESS DOLORES VAN H	augt	NAME STREET ADDRESS		12	
STREET ADDRESS 15512 SW192 C CITY-ST-ZEP MIAM, PL 33	777	CITY-ST-ZIP			
TITLE NAME		TITLE NAME			
STREET ADDRESS	DORESS		DO NOT WR	ITE	
CITY-ST-ZIP TITLE		CITY-ST-ZIP			
NAME		NAME	in this spa		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE		TITLE			
NAME STREET ADDRESS		name Street address			
CITY-ST-ZIP	,. ,	CITY-ST-ZiP			
TITLE		TITLE NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP 13. I hereby certify that the information supplied	with this filing does not qualify for	CfTY-ST-ZIP	ection 119.07(3)(i) Florida Statutes Liuther	rertify that the information	
indicated on this report or supplemental report of the corporation or the receiver or uside attachment with an address, with supplemental reports of the corporation of the receiver or uside attachment with an address, with supplemental reports of the corporation of the corporati	true and accurate and that my	y signature shall have the as required by Chapter	same legal effect as if made under oath; that 607, Florida Statutes; and that my_name appe	Lam an officer or director ears in Block 11 or on an	
attachment with an address, with a other for	empowered.	/ /	11163		
SIGNATURE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER O	HADLES VAND	(6/W 4+/2-02 Date	305-253-65-61 Daytine Phone #	