2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N01000002752

Entity Name: DOVE REAL ESTATE, INC.

Current Principal Place of Business:

9401 BISCAYNE BOULEVARD
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

9401 BISCAYNE BOULEVARD
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 65-1120569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

J. PATRICK FITZGERALD
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BROWN, ROBERT	
Address:	2210 S.W. 89 PLACE	
City-St-Zip:	MIAMI, FL 33165	
Title:	VTD	( ) Delete
Name:	DETRICK, JAMES	
Address:	4940 N.W. 58 AVE.	
City-St-Zip:	CORAL SPRINGS, FL 33067	
Title:	SD	( ) Delete
Name:	LOPEZ, BEN	
Address:	4105 PONVE DELEON BLVD.	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	ASD	( ) Delete
Name:	REIFF, JOE MR.	
Address:	411 SOUTH 21ST AVE.	
City-St-Zip:	HOLLYWOOD, FL 33020	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BROWN PD 05/01/2003
Electronic Signature of Signing Officer or Director — Date