2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004303

1. Entity Name

IATSE 477 REALTY CORP.

FILED

02 AUG 19 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10705 NW 33RD STREET SUITE 110 MIAMI FL 33172 US	10705 NW 33RD STREET SUITE 110 MIAMI FL 33172 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0710101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MCCARTHY, MICHAEL L~~
10705 NW 33RD STREET
SUITE 110
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: Joseph F. Humphreys
Street Address (P.O. Box Number is Not Acceptable): 3328 Bridgeford Dr.
City: Orlando, Fl. 32812 FL Zip Code: 32812

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: J. Humphreys 8/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COCHEO, THOMAS V 10705 NW 33RD ST MIAMI FL 33172	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President John Gregory Kasper 4235 S.W. 139 Ct. Miami, Fl. 33175	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CERCHIAI, GEORGE 9950 SW 162ND ST MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D George Cerchiai 9950 S.W. 162 St. Miami, Fl. 33157	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, MICHAEL J 745 NE 159 ST N MIAMI BEACH FL 33162	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Business Manager Joseph F. Humphreys 3328 Bridgeford Dr. Orlando, Fl. 32812	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600007283726--7 -08/22/02--01042--013 *****61.25 *****61.25	☐ 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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 01/24/02 305-594-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02