2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025509

THE REAL FAMILY CORPORATION



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90109 037 ***150.00

DO NOT WRITE IN THIS SPACE

10043514 2. Principal Place of Business 3. Mailing Address 12371 SW 47th ST 12371 SW 47th ST Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1003692 MIAMI, FL MIA... FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33175 33175 Fee Required 7. Name and Address of Current Registered Agent Name MIRIAN REAL DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 12371 SW 47th ST City MIAMI 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 11 Fee Is \$550.00
Amended UBR Is \$61:25 9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS THE TITLE PD REAL, MIRIAM MAME NAME 12371 SW 47th ST STREET ADDRESS STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-ZIP بون . THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIF TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-SI-ZIP CITY-ST-ZIP TiTLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer or director of the corporation or the receiver or trustee enabwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or or an attachment with an address, with all other like empowered.

SIGNATURE:

MIRIAM REAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03

(305) 553-5134

Dayline Phone #