FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P00000030365					05-21-2002 90888 048 ***150.00		
1. Entity Name					00 21 2002	, , , , , , , , , , , , , , , , , , , ,	100100
REALTIME CAPITAL CONSULTANTS, INC.							
- 10 Feb 145			·				
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 3. Mailing Address 5732 WIND DRIFT LANE 5732 WIND DRIFT LANE							
Suite, Apt. #, etc. Suite, Apt. #, etc.			DICTE I	IM-HALL	DO NOT WRITE IN THIS SPACE		
City & Sta	ate	City & State	City & State		4. FEI Number Applied For		
BOCA R	ATON, FL	BOCÁ RATON, FL Zip Country			65-1011292	60.75	Not Applicable
Zip 33433	Country USA	33433 USA			5. Certificate of Status Desired \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent Name							
[RHODES .					_ CAROLE LI (PO. Box Number is Not Acceptable)		
[] [] [] [] [] [] [] [] [] []					ND DRIFT LANE		
IN THIS SPACE							
				City BOCA RA	TON	FL Zip C	ode 433
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State							
11:	OFFICERS AND E	PATRICING BOTOL TOWN TO LINE OF LAUSE THE BURG.	14.44				**************************************
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TITLE	BOCA RATON, FL 33433					i ne le a	
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NAME			NAME				
STREET ADDRESS	and the second s	e de la companya de l	STREET	ADDRESS			
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 concration 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 op an attachment with an address, with all other like empowered.							
SIGNATURE: X CAPOLE L. PHODES X 4 30 02 X 550-2158							
SIGNATURE: X TypeD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							