

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90300 029 ***150.00

DOCUMENT # P00000047418

1. Entity Name

REAL SOLUTIONS ENTERPRISES, INC.

Principal Place of Business

**3669 HALF MOON DRIVE
 ORLANDO FL 32812**

Mailing Address

**3669 HALF MOON DRIVE
 ORLANDO FL 32812**

2. Principal Place of Business

235 GOLDEN RAIN DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2101

City & State

KISSIMMEE, FLORIDA

City & State

4. FEI Number

59-3645991

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PTD LONZE, DIANE A
 STREET ADDRESS **3669 HALF MOON DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE NAME ☐ Delete
VD STARKINGS, PETER
 STREET ADDRESS **3669 HALF MOON DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE NAME ☒ Delete
S CARDAMA, MYRIAM G
 STREET ADDRESS **3669 HALF MOON DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 corporation 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2002 407 566 8925
 Date Daytime Phone #

CR2E034 (9/01)