2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2002 8:00 am Secretary of State DOCUMENT # P00000056748 1. Entity Name MIAMI BEACH LUXURY REALTY, INC. 05-10-2002 90038 018 ***150.00 Principal Place of Business Mailing Address 1111 KANE CONCOURSE % MILTON RAIJMAN **SUITE #509** PO BOX 402188 BAY HARBOR FL 33154 MIAMI FL 33140 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1034501 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ-AGUIAR, HENRY A ESQ. Street Address (P.O. Box Number is Not Acceptable) 9415 S.W. 72ND STREET SUITE 111 **MIAMI FL 33173** City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS TITLE ☐ Delete ☐ Addition RAIJMAN, MILTON NAME MAME STREET ADDRESS 1111 KANE CONCOURSE #509 STREET ADDRESS CITY-ST-ZIP **BAY HARBOR FL 33154** CITY-ST-ZIP TITLE **DVPT** ☐ Delete TITLE ☐ Change ☐ Addition NAME RAIJMAN, LISA NAME STREET ADDRESS 1111 KANE CONCOURSE #509 STREET ADDRESS CITY-ST-ZIP **BAY HARBOR FL 33154** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-♣ CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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.

FILED