FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF

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## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000059083 1. Entity Name ATTRACTIVE REALTY, INC. 04-24-2001 90282 048 \*\*\*150.00 Principal Place of Business Mailing Address 9341 NW 33RD PLACE 9341 NW 33RD PLACE SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address 9341 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Sunrise 15-Not Applicable \$8.75 Additional 5. Certificate of Status Desired 351 33 Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEDINA, RAQUEL Street Address (P.O. Box Number is Not Acceptable) 9341 NW 33RD PLACE SUNRISE FL 33351 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Dresident CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE Raquel medika 1341 NW 33 Place Sunvise FL 3335 MEDINA, RAQUEL NAME NAME STREET ADDRESS STREET ADDRESS 9341 NW 33RD PLACE CITY-ST-7IP CITY-ST-ZIP SUNRISE FL 33351 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change — ☐ Addition. TITLE - - -- 🗀 Detete 🗵 "TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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