


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P0000063839**

1. Entity Name  
**BSI REALTY, INC.**



90113546

Principal Place of Business 168 S.E. 1ST STREET #801 MIAMI, FL 33131	Mailing Address 168 S.E. 1ST STREET #801 MIAMI, FL 33131
--	--

2. Principal Place of Business <b>14 NE 1st Avenue #907</b>	3. Mailing Address <b>14 NE 1st Avenue #907</b>
Suite, Apt. #, etc. <b>St. #907</b>	Suite, Apt. #, etc. <b>St. #907</b>
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33132</b> Country <b>USA</b>	Zip <b>33132</b> Country <b>USA</b>



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHERMAN, BRYAN**  
 168 S.E. 1ST STREET #801  
 MIAMI, FL 33131

4. FEI Number  
**65-1020806**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bryan Sherman* **Bryan Sherman - President** DATE **4/24/03**

Signature of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)

**FILE NOW! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$500.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PSD <b>SHERMAN, BRYAN</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>168 S.E. 1ST STREET #801</b>	STREET ADDRESS	<b>14 NE 1st Avenue #907</b>
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	CITY-ST-ZIP	<b>MIAMI, FL 33132</b>
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		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)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bryan Sherman* **Bryan Sherman President** DATE **4/24/03 # 3059928815**

Signature and typed or printed name of signing officer or director

CFR0034 (10/02)