## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am § Secretary of State **DOCUMENT #** P00000066561 Entity Name PARTNERS IN REALTY, INC. 05-13-2002 90116 034 \*\*\*158 Principal Place of Business Mailing Address 9822 NE 2ND AVE 2580 NW 47TH AVE COUCULI LAUDERHILL FL 33313 MIAMI FL 33138 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 65-1029442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BOX. ANTHONY** Street Address (P.O. Box Number is Not Acceptable) 16 NW 42ND TERRACE PLANTATION FL 33317 City Zip Code FL 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) 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, 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME YACINTHE, RENE H.R. NAME VACINTUE RENE H.R 2580 NW 47 AVE STREET ADDRESS 2580 NW 47TH AVE STREET ADDRESS CITY-ST-7IP LAUDERHILL FL 33313 CITY-ST-ZIP LAUDERHILL IL 333/3 VS Delete TITLE NAME DOR, SOLANGE NAME STREET ADDRESS 1687 NE 142ND STREET STREET ADDRESS CITY-ST-ZIF MIAMI FL 33181 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 signatore 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: