

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91834 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076592 1. Entity Name EXECUTIVE SERVICE REALTY INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 9755 SW 56 ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI FL		City & State SAME	
Zip 33165	Country DADE	Zip SAME	Country SAME
4. FEI Number 65-1037226		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ADOLFO MIRABAL			
Street Address (P.O. Box Number is Not Acceptable) 9755 SW 56 ST			
City MIAMI		FL	Zip Code 33165
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ADOLFO MIRABAL 9755 SW 56 ST MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ERNESTO CARRILLO 9755 SW 56 ST MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/15/03	305-225-1012 Daytime Phone #

80113394

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