

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90781 045 ***150.00

DOCUMENT #

1. Entity Name

P000000086025
D REALTY + MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20834 SAN SIMON WAY

Suite, Apt. #, etc.

69 C

3. Mailing Address

20834 SAN SIMON WAY

Suite, Apt. #, etc.

69 C

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33179

Country

USA

Zip

33179

Country

USA

4. FEI Number

65-1044732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LAYNE VERE BAY - P. A.

Street Address (P.O. Box Number is Not Acceptable)

888 S.E. 3 AVENUE

Suite 400

City

FT. LAUDERDALE

FL

Zip Code

33316

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
DUNIA G. THEEN
20834 SAN SIMON WAY #69
MIAMI - FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES. SCY-
DUNIA G. THEEN
20834 SAN SIMON WAY #69
MIAMI FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES -
DUNIA G. THEEN

Date

4/15/02

Daytime Phone #

(305)
770-2190

CR2E034B (12/01)