

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90367 003 \*\*\*150.00

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

**DOCUMENT # P0000089992**

1. Entity Name  
**JVJ REALTY GROUP, INC.**



Principal Place of Business  
**900 SOUTHEAST 8TH AVENUE  
 SUITE 103  
 DEERFIELD BEACH, FL 33441**

Mailing Address  
**900 SOUTHEAST 8TH AVENUE  
 SUITE 103  
 DEERFIELD BEACH, FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1043146**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARTUSO, JOHN  
 900 SE 8TH AVE STE 103  
 DEERFIELD BEACH, FL 33441**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$350.00  
 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

**ARTUSO, JOHN  
 900 SOUTHEAST 8TH AVENUE  
 DEERFIELD BEACH, FL 33441**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
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 Change  Addition

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TITLE  
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 CITY-ST-ZIP  
 Change  Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (1/02)