

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

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90009 040 \*\*\*150.00

DOCUMENT # **P00000095076**

1. Entity Name

**Florida Georgia Real Estate Corporation**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3170 N. Federal Hwy**

Suite, Apt. #, etc.

**114**

City & State

**Lighthouse Point, FL**

Zip

**33064**

Country

**USA**

3. Mailing Address

**3170 N. Federal Hwy**

Suite, Apt. #, etc.

**114**

City & State

**Lighthouse Point, FL**

Zip

**33064**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1046465**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Rachelle Rover**

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

**200 NE 8 Street**

City

**Pompano Beach FL**

Zip Code

**33060**

**DO NOT WRITE  
IN THIS SPACE**

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

**Rover**

**Rachelle Rover**

**04.28.02**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	Rachelle Rover	200 NE 8 ST	Pompano Beach, FL 33060				
VICE	Rachelle Rover	200 NE 8 ST	Pompano Beach, FL 33060				
TREASURER	Rachelle Rover	200 NE 8 ST	Pompano Bch FL 33060				
SECRETARY		200 NE 8 ST	Pompano Bch FL 33060				

**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:

**Rover Rachelle Rover**

Date

Daytime Phone #

**04.28.02**

**954-709-6065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)