

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

02-05-2002 90137 035 ***150.00
04-24-2002 90377 017 ***150.00

DOCUMENT # P01000004676

1. Entity Name
MUY REALTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3251 E. 11 Avenue

3. Mailing Address
3251 E. 11 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL.

City & State
Hialeah, FL.

4. FEI Number
04-3623334

Applied For
Not Applicable

Zip
33013

Country
Dade

Zip
33013

Country
Dade

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott G. Richman

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

19 W. Flagler Street, 14th Floor

Miami, FL. 33130

City

FL

Zip Code
33130

**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

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
D
Muy, Fernando C.
250 Hunting Lodge Drive
Miami Springs, FL. 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

4-9-02 (305) 836-0571

Date

Daytime Phone #

CR2E034B (12/01)