

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90111 007 ***150.00

DOCUMENT # P01000004696

1. Entity Name
AMERICAS REALTY, INC.



Principal Place of Business
**141 NW 20TH STREET B-17
BOCA RATON FL 33431**

Mailing Address
**141 NW 20TH STREET B-17
BOCA RATON FL 33431**



2. Principal Place of Business

5499 N. Federal Hwy

3. Mailing Address

5499 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33487

USA

33487

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1065076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAINA, JAMES

**2263 N.W. BOCA RATON BLVD. #106
BOCA RATON FL 33431**

Name

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

5499 N. Federal Hwy

Suite B

City **Boca Raton**

FL

Zip Code

33487

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

James Traina

James Traina P.

2/17/03

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 \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TRAINA, JAMES**
STREET ADDRESS **2253 NW BOCA RATON BLVD., #106**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **P** ☒ Change ☐ Addition
NAME **James Traina**
STREET ADDRESS **5499 N. Federal Hwy Suite B**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James Traina

2/14/03

Date

Daytime Phone

561-994-5366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)