## FILED Apr 30, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 04-30-2003 90137 016 \*\*\*150.00 DOCUMENT # P01000007902 1. Entity Name LATIN REALTY OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 16764 NW 67TH AVE. 16764 NW 67TH AVE. 11029834 MIAMI, FL 33015 MIANI, FL 33015 2. Principal Place of Business 3. Mailing Address 198 NW7 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Cltv & State 4. FEI Number Applied For 65-1081124 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOGLE, CURT 16764 NW 67TH AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33015 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 ager B09/e 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 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CRZE034 (10/02) TITLE Delete TITLE Change Addition NAME BOGLE, CURT NAME STREET ADDRESS 16764 NW 67TH AVE. STREET ADDRESS MIAMI, FL 33015 CITY-51-21P CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-2IP TITLE ☐ Delete TOLE Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CRY-51-21P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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