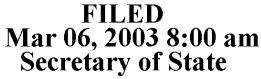
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P01000014621 1. Entity Name ADVANCE E REALTY, INC.				Secretary of State 03-06-2003 90118 035 ***150.00
1110 BRICKELL AVE 1110 B 818 818		Mailing Address 1110 BRICKELL AVE 818 MIAMI FL 33131		
2. Principal Place of Business 3. Mailin		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 03-0454543 Applied For
Zip	Country	Zip	Country	Certificate of Status Desired Sa.75 Additional
	6. Name and Address of Current F	legistered Agent		Fee Required 7: Name and Address of New Registered Agent
•	· · · · · · · · · · · · · · · · · · ·		Name	The state of the s
SIELE, ANALIA				
2231 TIGERTAIL AVE			Street Address	s (P.O. Box Number is Not Acceptable)
MIAMI FL 33133			 -	
MINIMIT I	. 50155			
			City	FL Zip Code
The above the obligatSIGNATURE .	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NO)	E: Registered Agent signature require	ed when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D			
TITLE	PSTD OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	SIELE, ANALIA C 1110 BRICKELL AVE STE 818 MIAMI FL 33131	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
AME TREET ADDRESS ITY-ST-ZIP	viis the the info	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition

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 acquirate 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: