

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

DOCUMENT # **PO1000028314**

1. Entity Name

**NATIONAL REalty ASSOCIATES, Inc**

FILED

02 APR 22 PM 6:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2700 W. ATLANTIC BLVD**

Suite, Apt. #, etc.

**Suite 202**

City & State

**Pompano Beach**

Zip

**33069**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

**SAME**

City & State

Zip

Country

4. FEI Number

**65-1099697**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**STEPHEN PARNELL**

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

**8733 SADDLEREAK DRIVE**

City

**BOCA RATON**

FL

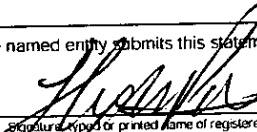
Zip Code

**33496**

**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

 **STEPHEN PARNELL**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/11/02**

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  
BRUCE FREY  
5148 AMESBURY #121  
DALLAS TX 75206**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**200005492942--9**  
**-05/09/02--01002--007**  
**\*\*\*150.00 \*\*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
MIGUEL BEAUME  
1375 NW 69 TERRACE  
MARGATE FL 33063**

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:

 **BRUCE FREY D**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4.11.02**

Daytime Phone #

**954.979.3356**

CR2E034B (12/01)