## FOR PROFIT CORPORATION

## Mar 19, 2002 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # P0/000043610 03-19-2002 90035 045 \*\*\*155 00 Global Realty Services of Central Florida, IX 425693 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 12270 W. Colonial Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For inter Garden Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Orang Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is: Not Acceptable) ---IN THIS SPACE Zip Code 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 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE TITLE President Jorse S. Hustate NAME NAME 3664 Harket ST. STREET ADDRESS STREET ADDRESS GoTHS FI Secretary CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Rowan Mustafi 3664 Mayket ST NAME NAME STREET ADDRESS STREET ADDRESS GOTHG F1 34734 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP City-St-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED