

APR 26 2002 09:25 FR

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Jun 19, 2002 8:00 am
Secretary of State

05-14-2002 90350 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000043731**

1. Entity Name

Real -2- Real Inc.

35914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9581 Sunrise Lakes Blvd
Suite, Apt. #, etc.
Bldg 119 Complex J UNIT 107
City & State
Sunrise, Fla.
Zip
33322**

3. Mailing Address

**same
Suite, Apt. #, etc.
City & State
Zip
Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

**Name
Steve Burk
Street Address (P.O. Box Number is Not Acceptable)
315 SE 7th St.
City
Ft. Lauderdale FL Zip Code
33317**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

Yes
 No

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 Frances Genco	2601 Nob Hill Rd. Bldg 201 Unit 101	Sunrise, Fla. 33322
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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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(5)(b), 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 the empowered.

SIGNATURE: **Frances Genco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 2 167-5710 (454)

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