2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000044923 1. Entity Name REALTY ADVISORS GROUP, INC. 05-17-2002 90019 033 ***150.00 Principal Place of Business Mailing Address 10541 S.W. 96 STREET 10541 S.W. 96 STREET MIAM! FL 33176 **MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address 9260 SW 72nd STREET 9260 SW 72nd STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 218 218 City & State City & State 4. FEI Number MIAMI, FL Applied For MIAMI, FL 65-1105040 Not Applicable Zip Country Country 5. Certificate of Status Desired \$8.75 Additional 33173 MIAMI-DADE 33173 MIAMI-DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORDERO, ANTHONY ALBERT Street Address (P.O. Box Number is Not Acceptable) 10541 S.W. 96 STREET MIAMI FL 33176 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PRESIDENT CR2E034 (9/01) ☐ Addition NAME CORDERO, ANTHONY ALBERT NAME STREET ADDRESS 10541 S.W. 96 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE, . □:Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change noitibhA 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony 📐 Cordero-Pres

305-630-2935

☐ Addition

Daytime Phone #