

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90128 040 ***158.75

DOCUMENT # P01000045442

1. Entity Name
UNITED REAL ESTATE GROUP INC.



Principal Place of Business
**11410 KENDALL DRIVE
SUITE 106
MIAMI FL 33176**

Mailing Address
**11410 KENDALL DRIVE
SUITE 106
MIAMI FL 33176**



2. Principal Place of Business
14774 SW 56 STREET
Suite, Apt. #, etc.

3. Mailing Address
14774 SW 56 ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FLORIDA
Zip
33185 Country
USA

City & State
MIAMI FLORIDA
Zip
33185 Country
USA

4. FEI Number
65-1117577

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

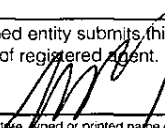
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAAVEDRA, DAMASO W
312 S.E. 17TH STREET
2ND FLOOR
FT. LAUDERDALE FL 33316**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/1/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FLORIT-MOLINA, LUIS HECTOR**
STREET ADDRESS **11410 KENDALL DRIVE, SUITE 106**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PST. C** ☒ Change ☐ Addition
NAME **FLORIT-MOLINA, LUIS HECTOR**
STREET ADDRESS **14774 SW 56 ST**
CITY-ST-ZIP **MIAMI FLORIDA 33185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, verbal, or other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 3053807101
Date Daytime Phone #

CR2E034 (10/02)