FILED

03 MAY 29 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053339

1. Entity Name
ZUREAL PROPERTIES, INC.

55030193

Principal Place of Business
C/O 6175 N.W. 153RD STREET, SUITE #312
MIAMI LAKES, FL 33014

Mailing Address
C/O 6175 N.W. 153RD STREET, SUITE #312
MIAMI LAKES, FL 33014

200020514212
06/04/03--01034--001 **2700.00

2. Principal Place of Business: 3074 LAKEWOOD CIR
Suite, Apt. #, etc.
City & State: WESTON FL
Zip: 33332 Country

3. Mailing Address: 3074 LAKEWOOD CIR
Suite, Apt. #, etc.
City & State: WESTON FL
Zip: 33332 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1111504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, SHELDON P.A.
6175 N.W. 153RD STREET
SUITE #312
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 3074 LAKEWOOD CIRCLE
City: WESTON FL Zip Code: 33332

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: Sheldon Evans 4/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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		
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CR2E034 (10/02)

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, with all other like empowered.

SIGNATURE: April 07 2003
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

Isidoro L. Attie Director

5/30