## **Q** O ○ 3 FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** 

## **FILED** Mar 28, 2003 8:00 am Secretary of State

SIRET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P	1. Entity Name Realty Investment		03-28-2003 90055 013 ***150.00			
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Suite, April, etc.  Suite 409  Suite 50 to \$ \$200  Suite 5			1			
Single Address of Current Registered agent.  DO NOT WRITE IN THIS SPACE  B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent.  B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Sale of Florida J am familiar with, and accept the obligation of registered agent.  B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Sale of Florida J am familiar with, and accept the obligations of registered agent.  B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent.  B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the Sale of Florida J am familiar with, and accept the obligation of registered agent.  B. Constant III and the Sale of Florida J am familiar with, and accept the obligation of registered agent.  B. Constant III and III	Suite Apt # etc . Suite Apt # etc		tue No	DO NOT WRITE IN THIS SPACE		
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To Note and Address of Current Registered Agent    Name	ZiD Country		Country	5. Certificate of Status Desired	8.75 Additional see Required	
DO NOT WRITE IN THIS SPACE  Steel Address (P.O. Box Number is Not Acceptable)  ASTS GTMAVE So  City 5. Peters burg FL 20 Code 35712  8. The above named entily submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent.  SIGNATURE  SIGNATURE  January 1. May 1 Fee is \$150.00  Andrew May 1. Fee is \$150.00  Andrew May 1. Fee is \$150.00  Amended URR is \$61.25  Make Clicke Payable to Florida a Department of State  10. OFFICERS AND DIRECTORS  THE  NAME  Robert Gonzale2  STRETADRESS  OTY-51-2P  THE  NAME  STRETADRESS  ST				7. Name and Address of Current Registered Agent		
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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  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  January 1 - May 4 Fee is \$150.00  Amended UBR is \$81.25  Make Clinick Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE  MAKE  RODERT GO NZALE 2.  SIRETARRESS  STRETARRESS  OTY-SI-2P  THE  DO NOT WRITE  THE  NAME  SIRETARRESS  OTY-SI-2P  THE  THE  THE  THE  THE  THE  THE  TH	· ]			P.O. Box Number is Not Acceptable)		
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S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signat						
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12. Thereby 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		od with this filing does not mustiful.		Postion 110 07/2Vi) Elected Charles   Land	by that the information	

indicated on this report or supplier ental 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 on an attachment with an address, with all other like empowered.

727 Dorothy 553-9505