

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90083 026 ***550.00

DOCUMENT # PC1000066647

1. Entity Name

Propertys Unlimited Group Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1810 N Dixie Hwy

3. Mailing Address

1810 N Dixie Hwy 4

4. Suite, Apt. #, etc.

5. Suite, Apt. #, etc.

City & State

City & State

Lake Worth, FL

Lake Worth, FL

4. FEI Number

05-1133564

Applied For

Not Applicable

Zip

Country

Zip

Country

33460 USA

33460 USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name REGINE V. BATAILLE
Street Address (P.O. Box Number is Not Acceptable)

1810 N. Dixie Hwy
City Lake Worth **FL** Zip Code 33460

**DO NOT WRITE
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]

My Signature is not required for this report if the agent is not changing.

(NOTE: Registered Agent signature required when registering)

9/9/02
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

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	<u>President</u> <u>REGINE V. BATAILLE</u> <u>1810 N. Dixie Hwy</u> <u>Lake Worth, FL 33460</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02
DATE

Daytime Phone #