


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-28-2003 90164 047 ***150.00

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|---|---|
| DOCUMENT # P01000083431 |  |
| 1. Entity Name 550 REALTY, INC. | |

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| Principal Place of Business 550 11TH STREET MIAMI BEACH FL 33139 | Mailing Address 550 11TH STREET MIAMI BEACH FL 33139 |
|---|---|

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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



☒ CHECK HERE IF MAKING CHANGES

| | |
|--|---|
| 4. FEI Number 65-1132937 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MERKIN, STEWART A EGO 444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131 | 7. Name and Address of New Registered Agent Name: MARIE LAURE MOYNET Street Address (P.O. Box Number is Not Acceptable): 1300 Alton Road City: MIAMI BEACH FL Zip Code: 33139 |
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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: *Marie Laure Mognet* (NOTE: Registered Agent signature required when re-registering) DATE: *March 10, 2003*

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| 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 <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE: D NAME: MOYNET, MARIE-LAURE STREET ADDRESS: 550 11TH STREET CITY-ST-ZIP: MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *SIGNATURE REQUIRED* **2.25.2003 305 372-0750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)