FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 041 ***150.00

671409

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102914

1. Entity Name

Guaranteed Sales and Rentals Realty, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2778 N. University Drive Suite, Apt. #, etc.	P.O. Box 640160 Suite, Apt. #, etc.	
City & State: Sunrise, FL	City & State: Miami, FL	4. FEI Number ☐ Applied For ☐ Not Applicable
Zip: 33322 Country: USA	Zip: 33164-0160 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael S. Bloom, P.A.

Street Address (P.O. Box Number is Not Acceptable): 4340 Sheridan Street, Suite #102

City: Hollywood FL Zip Code: 33021

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when submitting.

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	Director Dora Aidelman 2778 N University Drive Sunrise, FL 33322
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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 11 or an attachment with an address, with all other like empowered.

SIGNATURE: Dora Aidelman 4-30-02. (954) 747-8440.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

DORA AIDELMAN