4/25

FILED
May 30, 2003 8:00 am
Secretary of State

04-25-2003 90243 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000001859

1. Entity Name
MIAMI REALTY, INC.

[redacted]

Principal Place of Business	Mailing Address
4105 PONCE DE LEON BLVD CORAL GABLES, FL 33146	4105 PONCE DE LEON BLVD CORAL GABLES, FL 33146

2. Principal Place of Business		3. Mailing Address	
126 Aragon Ave.		126 Aragon Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Coral Gables. Fl		City & State: Coral Gables, Fl	
Zip: 33134	Country: USA.	Zip: 33134	Country: USA.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 30-0012523 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLEGAS, MARTA I 2333 PONCE DE LEON BLVD. SUITE 308 CORAL GABLES, FL 33146	Name: Marta I Villegas. Street Address (P.O. Box Number Is Not Acceptable): 126 Aragon Ave City: Coral Gables FL Zip Code: 33134

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] 4-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PV	☒ Delete	TITLE	PV	☒ Change ☐ Addition
NAME	VILLEGAS, MARTA I		NAME	Villegas, Marta I	
STREET ADDRESS	2333 PONCE DE LEON BLVD., STE. 308		STREET ADDRESS	126 Aragon Ave	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #