

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90600 046 ***150.00

DOCUMENT # P02000004352

1. Entity Name
US VENTURES REALTY, INC.



Principal Place of Business
3492-A POLYNESIAN ISLE BLVD
KISSIMMEE FL 34746

Mailing Address
PO BOX 770847
ORLANDO FL 32877-0847



2. Principal Place of Business

3. Mailing Address

3700 34th Street

Suite, Apt. #, etc.

220

City & State

ORLANDO

Zip

32805

Country

Orange

P.O. Box 770847

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32877

Country

Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3636793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONDON, RICHARD P
3492-A POLYNESIAN ISLE BLVD
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE
P
JUBARA, HOSAM
3492-A POLYNESIAN ISLE BLVD
KISSIMMEE FL 34746

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President

JUBARA, HOSAM
2784 Falling Tree Cir
ORLANDO, FL 32837

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2003

Date

Daytime Phone #

(407) 492-1200

CR2E034 (10/02)