

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90181 003 ***150.00

DOCUMENT # P02000013800

1. Entity Name
BY-U REALTY, INC.



Principal Place of Business
**11484 S.W. 73RD TERRACE
MIAMI FL 33173**

Mailing Address
**11484 S.W. 73RD TERRACE
MIAMI FL 33173**

22003404



2. Principal Place of Business

11484 SW 73 Tr

3. Mailing Address

P.O. BOX 832502

Suite, Apt. #, etc.

Miami, FL

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number

03-0386167

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip
33173

Country

USA

Zip

33283-2502

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORZANO, TAMARA
11484 S.W. 73RD TERRACE
MIAMI FL 33173**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **SORZANO, TAMARA**
STREET ADDRESS **11484 S.W. 73RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **SORZANO, LEONARDO**
STREET ADDRESS **11484 S.W. 73RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 TAMARA SORZANO

Date

Daytime Phone #

CR2E034 (10/02)