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FILED
Jun 12, 2003 8:00 am
Secretary of State

05-06-2003 90038 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045456

1. Entity Name
JUST FOR YOU REAL ESTATE CENTER INC.

L

[redacted]

55047374

[redacted]

Principal Place of Business	Mailing Address
8200 NW 52ND TERR. STE 301 MIAMI, FL 33166	8200 NW 52ND TERR. STE 301 MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
13879 SW 84 St Suite, Apt. #, etc.	5810 W. 20th Ln. Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Hialeah Fl
Zip: 33183 Country: U.S.A.	Zip: 33016 Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 81-0670010 ☐ 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
SOBERON, ANDRES 8200 NW 52ND TERR. STE 301 MIAMI, FL 33166	Name: Andres Soberon Street Address (P.O. Box Number Is Not Acceptable): 5810 W. 20th Ln. City: Hialeah FL Zip Code: 33016

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: _____ 4/29/03
Signature (and printed name of signing officer if applicable) (NOTE: Registered Agent signature required when continuing) DATE

[illegible] $150.00

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: PD NAME: SOBERON, ANDRES STREET ADDRESS: 8200 NW 52ND TERR. STE 301 CITY-ST-ZIP: MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: COOPER, GLORIA STREET ADDRESS: 8200 NW 52ND TERR. STE 301 CITY-ST-ZIP: MIAMI, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CPDE034 (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 no other title empowered.

SIGNATURE: _____ / Andres Soberon 4/29/03 786-287-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #