

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90218 010 \*\*\*150.00

0361197 AV

**DOCUMENT # P02000056024**

1. Entity Name

**MIAMI SPRINGS REALTY, INC.**



Principal Place of Business  
**2200 N COMMERCE PKWY STE 206  
WESTON FL 33326**

Mailing Address  
**2200 N COMMERCE PKWY STE 206  
WESTON FL 33326**



2. Principal Place of Business  
**143 WESTWARD DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**143 WESTWARD DR.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI SPRINGS FL**  
Zip  
**33166** Country  
**USA**

City & State  
**MIAMI SPRINGS FL**  
Zip  
**33166** Country  
**USA**

4. FEI Number  
**02-0610998**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KLITZMAN, LAWRENCE S**  
**2200 N COMMERCE PKWY STE 206**  
**WESTON FL 33326**

**7. Name and Address of New Registered Agent**

Name  
**VICTORIA PRUITT**  
Street Address (P.O. Box Number is Not Acceptable)  
**1030 ORIOLE AV**  
City  
**MIAMI SPRINGS FL** Zip Code  
**33166**

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 **Victoria Pruitt**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/7/03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PRUITT, MARK 143 WESTWOOD DR MIAMI SPRINGS FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MOREHOUSE, EARL W 143 WESTWOOD DR MIAMI SPRINGS FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V EDWIN J. PEREZ 143 WESTWARD DR. MIAMI SPRINGS, FL 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-08-03 (305) 888-2777**

Date

Daytime Phone #

CR2E034 (10/02)