


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91790 044 ***150.00

DOCUMENT # P02000071636	
1. Entity Name DAKOTA REALTY ASSOCIATES, INC.	

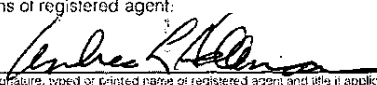
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11111 BISCAYNE BLVD.		3. Mailing Address PO BOX 611357	
Suite, Apt. #, etc. 255		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State N. MIAMI, FL	
Zip 33181	Country USA	Zip 33261	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 651143590		Applied For
				Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name ANDREA L. HELLMAN		
		Street Address (P.O. Box Number is Not Acceptable)		
		11111 BISCAYNE BLVD.		
		City MIAMI	FL	Zip Code 33181

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:

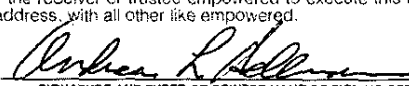
SIGNATURE 	ANDREA L. HELLMAN	04-29-03
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	ANDREA L. HELLMAN D	NAME	
STREET ADDRESS	PO BOX 611357	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33261	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	4-30-03 305-607-3383
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

CR2E034B (12/02)