

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90975 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P02000075110	YEAR-2003
1. Entity Name		
TORRES REALTY GROUP CORPORATION		

80103434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6412 NORTH UNIVERSITY DR., SUITE #116		6412 NORTH UNIVERSITY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE #116		SUITE #116	
City & State		City & State	
TAMARAC, FL		TAMARAC-FLORIDA	
Zip	Country	Zip	Country
33321	USA	33321	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
47-0875630		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent						
	Name						
	MARTHA O TORRES						
	Street Address (P.O. Box Number is Not Acceptable)						
	6412 NORTH UNIVERSITY DR						
SUITE #116		City		FL		Zip Code	
		TAMARA				33321	

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 MARTA O TORRES **4/25/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS				11.			
TITLE		DPT		TITLE			
NAME		TORRES, MARTA O		NAME			
STREET ADDRESS		6412 NORTH UNIVERSITY DR., STE. #116		STREET ADDRESS			
CITY-ST-ZIP		TAMARAC, FL 33321		CITY-ST-ZIP			
TITLE		VPS		TITLE			
NAME		NARVAEZ, SANDRA		NAME			
STREET ADDRESS		6412 NORTH UNIVERSITY DR., #116		STREET ADDRESS			
CITY-ST-ZIP		TAMARAC, FL 33321		CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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CITY-ST-ZIP				CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

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: *Marta Torres* MARTA O TORRES, PRESIDENT **4/28/2003** **954-270-4776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #