FILED

Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90061 034 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000080636

1. Entity Name

SOUTHERN STATE REALTY, INC.



Mailing Address

Principal Place of Business 16711 COLLINS AVE SUITE 2403 SUNNY ISLES BCH FL 33160		Mailing Address 16711 COLLINS AVE. SUNNY ISLES BCH F	. SUITE 2403 L 33160	[THE STATE OF THE S		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Check hear is you			
City & State		City & State		4. FEI Number Applied For			
Zip	Country	Zip .	Country	11-3644292	——————————————————————————————————————	Not Applicable	
	6. Name and Address of Curre	Int Pegistered Asset	_	5. Certificate of Status Desired	Fee Requi	ired	
			Name	7. Name and Address of New Register	ed Agent		
BARANII	K, MILA	·- •	Name	-			
16711 C	OLLINS AVE., SUITE 2403 ISLES BCH FL 33160		Street Addre	ess (P.O. Box Number is Not Acceptable)			
			City		Zip Co	de	
8. The abov	e named entity submits this statement	for the purpose of changing	its registered office or regi	istered agent, or both, in the State of Florida. 1 a	on fomilies with		
SIGNATURE			J	Section of the sectio	iri ramijiar with	, ало accept	
	Signature, typed or printed name of registered age	nt and title if applicable. (No	OTE: Registered Agent signature red	quired when reinstating) DAT	<u> </u>		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department) of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	DO May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS (QUANCES			
TITLE	PD	□ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS A		IS IN 11	
NAME STREET ADDRESS	BARANIK, MILA 16711 COLLINS AVE., SUITE 24		NAME		☐ Change	☐ Addition	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	SECRETARY BARANIK ROMAN 16711 COLLINS, AVE, S	☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS	16711 COLLINS, AVE	suite 2403	NAME		_ ,		
CITY-ST-ZIP	SUNMY ISLES BCH, F	1. 22160	STREET ADDRESS				
TITLE	13022 1001, 1		CITY-ST-ZIP	·			
NAME		☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
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CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP				
1		☐ Delete	TITLE		Change	Addison	
NAME STREET ADDRESS	, , ,		NAME		☐ cuanting	Addition	
CITY-ST-ZIP	• • •	•	STREET ADDRESS				
• • • • • • • • • • • • • • • • •			CITY OT 700				

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 of the corporation of th

SIGNATURE:

197)385-4040