## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

SIGNATURE:

P02000086391

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

SUCCESS REAL ESTATE & INVESTMENT, INC.



## **FILED** Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90959 039 \*\*\*150.00



| 3676 COLLIN DRIVE<br>SUITE #5<br>WEST PALM BEACH FL 33406   |  |   | 3676 COLLIN DRIVE<br>SUITE #5<br>WEST PALM BEACH FL 33406 |  |  |  |
|---|--|---|---|--|--|--|
| 2. Principal Place of Business  |  |   | 3. Mailing Address  |  | I ADDITION IN BOTTO THEIR CONTROL CONT |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.                                       |  | CHECK HERE IF MAKING CHANGES   |  |
| City & State  |  |   | City & State  |  | 4. FEI Number Applied For SQ Not Applicable  |  |
| Zip Cou   |  | Country   | Zip   | Country  | 5. Certificate of Status Desired Secured Fee Required  |  |
| ·····   | 6. Name                                      | and Address of Current                                | Registered Agent  |  | 7. Name and Address of New Registered Agent  |  |
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR   |  |   |   | Name D   | SEPO. Box Number is Not Acceptable OAD   |  |
| MIAMI FL 33145  |  |   |   | City W   | EST PALM BEACH. FL 222911  |  |
| 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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE |  |   |   |  |  |  |
| 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 \$5.00 May Be Trust Fund Contribution.  |  |
| 10.   |  | OFFICERS AND  | DIRECTORS   | 11.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| NAME ::<br>Street address   | PTD<br>Dyson, Di<br>3676 Coll<br>West Palm   |   | ☐ Delete  | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP               | ☐ Change ☐ Addition  |  |
| NAME<br>STREET ADDRESS  | VSD<br>PEREZ, PRI<br>3676 COLLI<br>WEST PALI |   | ☐ Delete  | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP               | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                  | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                  | Change Addition  |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                  | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                  | Change Addition  |  |
| of the corp   | on this report<br>poration or the            | or suppiemental report is<br>receiver or trustee empo | True and accurate and that r                              | ny signature shall have th<br>as required by Chapter F | Section 119.07(3)(i), Florida Statutes. I further certify that the information lie same legal effect as if made under oath; that I am an officer or director 107, Florida Statutes; and that my name appears in Block 10 or Block 11 if  |  |