

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21/2003-90137-045-\$150.00-\$150.00

0064378
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DOCUMENT # **P02000097841**

1. Entity Name
REALTY MANAGEMENT CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -7 AM 8:00

Principal Place of Business
**13521 SW 62 LANE
MIAMI FL 33183**

Mailing Address
**13521 SW 62 LANE
MIAMI FL 33183**



2. Principal Place of Business
16131 SW 79 TERR.

3. Mailing Address
16131 SW 79 TERR.

CHECK HERE IF MAKING CHANGES **MRS**

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
82-0563194

Applied For
 Not Applicable

Zip
33193

Country
USA

Zip
33193

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, EDUARDO ESQ
2665 S BAYSHORE DRIVE STE 200
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **ANGEL A. GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
16131 SW 79 TERR.
City **MIAMI, FL** Zip Code **33193**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7-15-03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ZAIDA 13521 SW 62 LANE MIAMI FL 33183	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **7/16/03** Daytime Phone #

CR2E034 (4/03)