

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90158 002 ***150.00

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DOCUMENT # P02000098260

1. Entity Name

REAL ESTATE FINANCIAL GROUP, CORP.



Principal Place of Business

**8160 GENEVA CT #A-107
MIAMI FL 33166**

Mailing Address

**8160 GENEVA CT #A-107
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0569579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPAGNUOLO, NORBERTO
8160 GENEVA CT #A-107
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

CESAR L. PRUSKY

Street Address (P.O. Box Number is Not Acceptable)

8290 LAKE DR # 216

City

MIAMI

FL

Zip Code

33166

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)

04/15/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PRUSKY, CESAR**
STREET ADDRESS **8160 GENEVA CT #A-107**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **TD** ☐ Delete
NAME **SPAGNUOLO, NORBERTO**
STREET ADDRESS **8160 GENEVA CT #A-107**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SD** ☐ Delete
NAME **RODRIGUEZ, FRANK**
STREET ADDRESS **662 E 21 ST.**
CITY-ST-ZIP **MIAMI FL 33013**

TITLE **VD** ☐ Delete
NAME **MESA, JORGE**
STREET ADDRESS **10355 SW 40TH ST. #519**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03

Date

305-84-3266

Daytime Phone #

CR2E034 (10/02)