

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90396 021 \*\*\*150.00

DOCUMENT # P02000099231

1. Entity Name  
BU REIT, INC.



Principal Place of Business  
7815 NW 148 STREET  
MIAMI LAKES, FL 33016

Mailing Address  
7815 NW 148 STREET  
MIAMI LAKES, FL 33016

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
22-3871878

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGUDIN, BERNARDO  
7815 NW 148 STREET  
MIAMI LAKES, FL 33016

Name Robert L. Otero

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

14817 Oak Lane

City Miami Lakes FL Zip Code 33016

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LOPEZ, HUMBERTO L ☐ Delete  
STREET ADDRESS 7815 NW 148 STREET  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 255 Alhambra Circle  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE SD ☒ Delete  
NAME ARGUDIN, BERNARDO  
STREET ADDRESS 7815 NW 148 STREET  
CITY-ST-ZIP MIAMI LAKES, FL 33016

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Green, David  
STREET ADDRESS 255 Alhambra circle  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Foster, James  
STREET ADDRESS 255 Alhambra Circle  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Humberto Lopez 4/27/07 305-231-6400