

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

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

05-01-2003 91000 015 ***158.75

DOCUMENT # P02000103453 1. Entity Name PRIVATE REAL ESTATE INVESTORS, INC																																																																																																		
Principal Place of Business 1315 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020 US		Mailing Address 1315 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020 US																																																																																																
2. Principal Place of Business 500 NW 165th STREET Suite, Apt. #, etc. 104 City & State North Miami Beach, FL Zip 33169	3. Mailing Address 500 NW 165th STREET Suite, Apt. #, etc. 104 City & State North Miami Beach FL Zip 33169																																																																																																	
☒ CHECK HERE IF MAKING CHANGES																																																																																																		
4. FEI Number		☒ Applied For ☐ Not Applicable																																																																																																
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																		
6. Name and Address of Current Registered Agent PAUL, DAVID A DR 1315 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name PAUL, DAVID A Street Address (P.O. Box Number is Not Acceptable) 500 NW. 165th STREET STE 104 City North Miami Beach FL Zip Code 33169																																																																																																
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 David A. Paul DATE 04/09/03 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's Signature required when reinstating)																																																																																																		
FILE NOW! FEE \$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																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">☐ Delete</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>DIRECTOR, PRESIDENT</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>DAVID A. PAUL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>500 NW 165th STREET STE 104</td> </tr> <tr> <td></td> <td></td> <td></td> <td>North Miami Beach, FL 33169</td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>DIRECTOR, VICE PRESIDENT</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>W.M.L.R. NAS + TREASURER</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>500 NW. 165th STREET STE 104</td> </tr> <tr> <td></td> <td></td> <td></td> <td>North Miami Beach, FL 33169</td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>DIRECTOR, SECRETARY</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>SHORANA K. JOHNSON</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>500 NW. 165th STREET STE 104</td> </tr> <tr> <td></td> <td></td> <td></td> <td>North Miami Beach, FL 33169</td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	☐ Delete	TITLE	☐ Change ☒ Addition	NAME		NAME	DIRECTOR, PRESIDENT	STREET ADDRESS		STREET ADDRESS	DAVID A. PAUL	CITY-ST-ZIP		CITY-ST-ZIP	500 NW 165th STREET STE 104				North Miami Beach, FL 33169	TITLE	☐ Delete	TITLE	☐ Change ☒ Addition	NAME		NAME	DIRECTOR, VICE PRESIDENT	STREET ADDRESS		STREET ADDRESS	W.M.L.R. NAS + TREASURER	CITY-ST-ZIP		CITY-ST-ZIP	500 NW. 165th STREET STE 104				North Miami Beach, FL 33169	TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME	DIRECTOR, SECRETARY	STREET ADDRESS		STREET ADDRESS	SHORANA K. JOHNSON	CITY-ST-ZIP		CITY-ST-ZIP	500 NW. 165th STREET STE 104				North Miami Beach, FL 33169	TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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: David A. Paul DATE 04/09/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																		

CR2E034 (10/02)