FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103959

1. Entity Name
FL Sales + Rentals Realty Inc.

FILED
03 MAY 23 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business
4620 W Commercial Blvd
Suite, Apt. #, etc.
Suite 1
City & State
Lamarac Florida
Zip 33319
Country

3. Mailing Address
4620 W. Commercial
Suite, Apt. #, etc.
Suite 1
City & State
Lamarac Florida
Zip 33319
Country

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4. FEI Number
50-0006385
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
JUNA Thompson
Street Address (P.O. Box Number is Not Acceptable)
3219 NW 22nd Avenue
City
Oakland Park Florida
Zip Code
33309

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 Juna Thompson
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)
DATE 4-28-03

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President	
NAME JUNA Thompson	
STREET ADDRESS 3219 NW 22 AVE	
CITY-ST-ZIP OAKland Park, FL 33309	
TITLE V.P.	
NAME Robert Thompson	
STREET ADDRESS 3219 NW 22 AVE	
CITY-ST-ZIP OAKland Park, FL 33309	
TITLE Treasure	
NAME Emma McKenzie	
STREET ADDRESS 3811 NW 5th court	
CITY-ST-ZIP Ft. Lauderdale, FL 33311	
TITLE Secretary	
NAME Theresa Lee	
STREET ADDRESS 2700 NW 44th street	
CITY-ST-ZIP OAKland Park, Fl 33309	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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KSP 6/23/03

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

Juna Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
954 535-2424
Daytime Phone #