FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103959

FILED

03 MAY 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
FL Sales + Rentals Realty Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4620 W Commercial Blvd	4620 W. Commercial
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Tamarac Florida	City & State: Tamarac Florida
Zip: 33319 Country:	Zip: 33319 Country:

4. FEI Number: 50-0006385 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 4-28-03
Signature of, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President JUNA Thompson 3219 NW 22 Ave Oakland Park, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Robert Thompson 3219 NW 22 Ave Oakland Park, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Emma McKenzie 3811 NW 5th court Ft. Lauderdale, FL 33311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Theresa Lee 2700 NW 44th street Oakland Park, Fl 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KSA 5/23/03

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 #