2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080825

1. Entity Name
MI REALTY, INC.

Principal Place of Business	Mailing Address
4130 W PALMAIRO DR	4130 W PALMAIRO DR
301A	301A
POMPANO BEACH FL 33069	POMPANO BEACH FL 33069
US	US

2. Principal Place of Business 3900 GALT OCEAN DR

3. Mailing Address 3900 GALT OCEAN DR

Suite, Apt. #, etc. 1506

Suite, Apt. #, etc. 1506

City & State FT. Lauderdale FL

City & State FT. Lauderdale FL

Zip 33308 Country

Zip 33308 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0451186

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

TRONCO, RITA
4130 W PALM AIRE DR 301A
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name TRONCO, RITA

Street Address (P.O. Box Number is Not Acceptable) 3900 GALT OCEAN DR

STE 1506

City FT Lauderdale FL Zip Code 33308

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	TRONCO, RITA		NAME	TRONCO, RITA	
STREET ADDRESS	4130 W. PALM AIRE DR 301A		STREET ADDRESS	3900 GALT OCEAN DR STE 1506	
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY-ST-ZIP	FT. Lauderdale FL 33308	
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		
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRONCO 4-5-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #