FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

VANGUARD Realty and Development CORPORATION

DOCUMENT # P94000000629

1. Entity Name

SIGNATURE:

SNATURE AND TYPED OR BRINTED NAME OF SIG

FILED Apr 18, 2002 8:00 am Secretary of State

04-18-2002 90472 013 ***150.00

DO NOT WRITE IN THIS SPACE				B0069138		
Principal Place of Business 601 FORUM Place Suite, Apt. #, etc. 620 3 Mailing Address 1601 FORUM Place Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
	State	215		El Number	Applied For	
		Country -		5-0467/45	Not Applicable \$8.75 Additional	
Zip 3401 Palm Beach 3:	3401 F	Salua BPAL	of 5. (Certificate of Status Desired	Fee Required	
		Name	7. Na	me and Address of Current Register	ed Agent .	
DO NOT WRITE			Geller, HARVEY			
	Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE			217e 603			
		City	-Pal	m Beach F	L Zip Code	
8. The above named entity submits this statement for the purpo	se of changing its reg	gistered office or re	egistered ag			
	-			~ <u> </u>	,	
SIGNATURE Sign plicable (NOTE: Registered Agent signature require			required when re	einstating) DATE	A parameter of the second seco	
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After May 1, Amended U		1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	ke Check Payable	to Department o	of State			
11. OFFICERS AND DIRECTOR		TITLE				
(SE//CK)///7K*C1	NOS DA	NAME				
STREET ADDRESS 5380 WOOD / AUD LAS CITY-ST-ZIP # 215 PALM BEACK GARD	laur El >2110	STREET ADDRESS CITY-ST-ZIP				
TITLE G-eller, Didi U.P. NAME 5380 WOODLANDLAKES STREET ADDRESS STREET ADDRESS Danal G-ADDRESS	TEAS / LOSTIO	TITLE .				
NAME 5380 WOOD/ANDLAKES	Dr. #215	NAME				
	s, F1 3418	STREET ADDRESS CITY-ST-ZIP				
TITLE	2718	TITLE				
NAME		NAME		ينيوست بنوا مستنبه فالسوار المسادات المنافات		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		DO NOT WR	LITE	
TITLE		TITLE		IN THIS SPA	CE	
NAME		NAME		IN THIS SEA	ICL	
STREET ADDRESS -CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE		TITLE				
NAME		NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	·	TITLE				
NAME		NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			}	
N. 1. (4. 11. (4)	dges not qualify for th	a a competing state	d in Section	119.07(3)(i), Florida Statutes. I further	certify that the information	
13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered of attachment with an address, with all office like empowered.	ccurate and that my execute this report a	signature shall hav as required by Cha	ve the same apter 607, Flo	legal effect as it made under oath; that orida Statutes; and that my name appe	ears in Block 11 or on an	

Pacesideut