2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000010631 1. Entity Name IMMO SOUTH REALTY, INC.

Principal Place of Business

317 MINORCA AVE

STE W CORAL GABLES FL 33134

US 2. Principal Place of Business Mailing Address 317 MINORCA AVE

STE W

CORAL GABLES FL 33134 US

3. Mailing Address

| <u>6641</u> | SW IXX STILLET | _6641 ZW 1 | LL SINE | ET | | | | | | |
|--|---|--------------------------------|----------------------------|---------------------|----------------------------|-----------------------|----------|------------|------------------------------|-----|
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State MIAMI, FLORIDA MIAMI, F | | | L 33150 | - 33156 4. FEI Numl | | 65-0465506 | | | pplied For lot Applicable | 7 |
| 3315 | Country | 33156 | Country | | Certificate | of Status Desired | - 🗔 | \$8.75 Ac | |] |
| | | 7. | Name and | Address of New F | Registered | Agent | | | | |
| | | | Name _ | 110.6 | , , | FO Our | مِس و ۱۰ | | | 7 |
| ENGELS, | ENGELS, FRANCINE | | | | | | | | | |
| 317 MINC | Street Address (P.O. Box Number is Not Acceptable) 6641 SW 122 STREET | | | | | | | | | |
| | ABLES FL 33134 | | -5-0-1 | | | <u> </u> | | | | ┪. |
| COUNT O | MBLES FL 33134 | | | | | | | | | 4 |
| | City M | AMI | | | FI | Zip Co う ろ | 156 | | | |
| 8. The above | named entity submits this statement for | the purpose of changing its re | egistered office or r | egistered a | gent, or bot | h, in the State of FI | orida. | | | ì |
| | | | | + | ~ 1 | | al. | 1 | | |
| SIGNATURÉ | TRANGINE ENC | ے شے کاع | | 1- U | 777 | | 8/3 | 1/0/ | | |
| | Signature, typed or printed name of registered agent an | title if applicable. (NOTE: I | Registered Agent signature | required when | reinstating) | | DATE | , | | |
| 9. This corp. | oration is eligible to satisfy its Intangible | FILE NOW!!! | FEE IS \$550.00 | | | | | | | 7 |
| Tax filing requirement and elects to do so. After September 12, 2 | | | | | 1 | ction Campaign Fir | | | 00 May Be | |
| (See crite | ria on back) | Make Check Payable | | | l Iru | st Fund Contributio | n. ı | ب Adde | d to Fees | |
| 11. | OFFICERS AND D | IRECTORS | 12. | Al | DDITIONS/ | CHANGES TO OFF | ICERS AN | D DIRECTOR | RS IN 11 | ┪ |
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| NAME | ENGELS, FRANCINE | LLI Delete | NAME (| ENGE | LL5, | FRANCII | UE | um onungo | | 1 |
| STREET ADDRESS | 317 MINORCA AVE | | STREET ADDRESS | 6641 | sω | FRANCI'I | reet | • | | 8 |
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13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

Change

Addition