

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90410 011 \*\*\*150.00

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DOCUMENT # **P94000068678**

1. Entity Name  
**SUMMIT INTERNATIONAL REALTY CORP.**



Principal Place of Business  
**185 SW 15TH RD  
STE 604  
MIAMI FL 33129  
US**

Mailing Address  
**9865 SW 14 ST.  
MIAMI FL 33174  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**9865 SW 14 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

4. FEI Number **65-0521048**

Applied For  
 Not Applicable

Zip **33174**

Country **USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALICHS, SYLVIE I  
9865 SW 14 ST.  
MIAMI FL 33174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>D CALICHS, SYLVIE I</b>	<b>9865 14 ST.</b>	<b>MIAMI FL 33174</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**

Date

**305 221 8001**

Home Phone **305 221 8355**

CR2E034 (10/02)