

**FOR PROFIT CORPORATION
UNIFORM-BUSINESS REPORT (UBR)**

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90276 011 ***150.00

DOCUMENT # P94000078230
1. Entity Name
LOUISE STREET REAL ESTATE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
CLOTEMA BURK
1 GROVE ISLE DR, PH8
City & State
MIAMI, FL
Zip 33133 Country USA

3. Mailing Address
CLOTEMA BURK
1 GROVE ISLE DR, PH8
City & State
MIAMI, FL
Zip 33133 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0554122
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
NEAL S. LITMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2900 SW. 28th Ter, 2nd floor
City MIAMI FL Zip Code 33133

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 NEAL S. LITMAN DATE 8/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES A. KITCHENS 3555 S. LAKE DR. MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TEMA BURK 1 GROVE ISLE DR., #PH8 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tema Burk TEMA BURK DATE 8/1/02 (305) 854-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)