

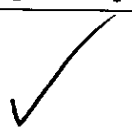
# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90086 044 \*\*\*150.00

**DOCUMENT # P95000004602**

1. Entity Name  
**AMERILAND REALTY, INC.**



Principal Place of Business <b>115 NW 167TH STREET          STE #300          N MIAMI BCH FL 33169          US</b>	Mailing Address <b>115 NW 167TH ST          STE #300          N MIAMI BCH FL 33169          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0553495</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BEHAR, SABY  
 115 NW 167 ST STE 300  
 NMB FL 33169**

**7. Name and Address of New Registered Agent**

Name: **GRANVIL TRACY**  
 Street Address (P.O. Box Number Not Acceptable): **115 NW 167TH ST Suite 300**  
 City: **N.M.B.** State: **FL** Zip Code: **33169**

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]* DATE: **4/30/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME <b>DP ELIAS, STEVEN A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>115 NW 167TH ST STE 300</b>	
CITY-ST-ZIP <b>N MIAMI BCH FL 33169</b>	
TITLE NAME <b>DVST BEHAR, SABY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>115 NW 167TH STREET STE 300</b>	
CITY-ST-ZIP <b>N MIAMI BCH FL 33169</b>	
TITLE NAME <b>DV JARVIS, BRUCE R</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>115 NW 167TH STREET STE 300</b>	
CITY-ST-ZIP <b>N MIAMI BCH FL 33169</b>	
TITLE NAME <b>DV GRANVIL, TRACY</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>115 NW 167TH STREET STE 300</b>	
CITY-ST-ZIP <b>N MIAMI BCH FL 33169</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

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

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: *[Signature]* DATE: **4/30/02** Daytime Phone #: **305 654-1500**

CR2E034 (9/01)