## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Apr 29, 2002 8:00 am Secretary of State P95000013080 DOCUMENT # 1. Entity Name 04-29-2002 90124 039 \*\*\*150.00 REALTY ASSET, INC. Principal Place of Business Mailing Address 7108 FAIRWAY DR 7108 FAIRWAY DR PALM BCH GDNS FL 33418 PALM BCH GDNS FL 33418 us Шŝ 2. Principal Place of Business 3. Mailing Address <u>745 US Highway One</u> 745 US Highway One Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 209 4. FEI Number Applied For 65-0555600 Not Applicable North-Palm-Beach Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 33408 33408 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEITMEYER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7108 FAIRWAY DR <u>745 US Highway One</u> #130 Suite 209 PALM BEACH GARDENS FL 33418 North Palm Beach of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose Richard A Heitmeyer NOTE Registered Agent signature required when revisation Signature, type or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition Pres/Dir/Secretary HEITMEYER, RICHARD NAME NAME 7108 FAIRWAY DR #130 745 US Highway One - Suite 209 STREET ADDRESS STREET ADDRESS PALM BCH GDNS FL 33418 CITY-ST-ZIP CITY-ST-ZIP North Palm Beach, FL 33408 TITLE Delete TITLE ☐ Change ☐ Addition JAUREGUI, CARMEN NAME NAME 7108 FAIRWAY DR #130 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL-33418 CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Delete TITLE \_\_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 at truetee empower of 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7JP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR