## **FILED**

Mar 27, 2002 8:00 am Secretary of State

03-27-2002 90091 026 \*\*\*150.00

## 2002 Uniform Business Report (UBR)

P95000030180

**DOCUMENT #** 1. Entity Name

DEKLE REALTY, INC.

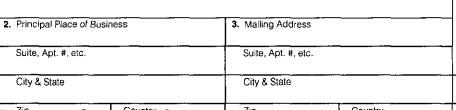
Principal Place of Business

Mailing Address

10556 N.W. 26TH STREET.. #203 MIAMI FL 33172

10556 N.W. 26TH STREET., #203

MIAMI FL 33172





DO NOT WRITE IN THIS SPACE

City & State	City & State		4. FEI Number 59-3310400	Applied For
			38-33 10400	Not Applicable
Zip	-Country Zip Zip	Country	5. Certificate of Status Desired	\$8.75-Additional—
6. Name a	nd Address of Current Registered Agent		7. Name and Address of New Registered A	gent
ARROM, ORLANDO 10556 N.W. 26TH STREET., #203		Name		
		Street Address	P.O. Box Number is Not Acceptable)	

City

**MIAMI FL 33172** 

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8.	. The above named entity submits this statement for the purpose of changing its registered office or re	gistered agent, or both, in the State of Florida.

Signature, typed or printed name of	registered agent and title if	applicable. (NOTE: Registered Agent signature required	hen reinstating)
This corporation is eligible to satisfy     Tax filling requirement and elects to (     (See criteria on back)	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.

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

		L		
11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D CURANO MANNE A	☐ Delete	TITLE	☐ Change ☐ Addit
NAME	CHIANG, MAMIE A		NAME	
STREET ADDRESS	29 SPRING STREET., #5		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10012		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	Change Addit
NAME	LAU, GORDON		NAME	
STREET ADDRESS	LO OI TIMO OTTLETT, NO		STREET ADDRESS	
CITY_ST-ZIP	NEW-YORK-NY-10012	<del></del>	CITY-ST-ZIP-	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addit
NAME			NAME	
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NAME			NAME	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-7IP			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 trystee 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:

Daytime Phone #