

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90100 009 \*\*\*150.00

DOCUMENT # P95000095260  
1. Entity Name  
Ginles Realty, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1 East Broward Blvd. Suite, Apt. #, etc. Suite 700 City & State Fort Lauderdale, FL Zip 33301 Country		3. Mailing Address 1 East Broward Blvd. Suite, Apt. #, etc. Suite 700 City & State Fort Lauderdale, FL Zip 33301 Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0633908		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Moody, Lester E.  
Street Address (P.O. Box Number is Not Acceptable)  
1 East Broward Blvd, Suite 700  
City  
Fort Lauderdale FL Zip Code  
33301

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsuring) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Moody, Virginia D. 1 East Broward Blvd, Suite 700 Fort Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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:       *Lester E. Moody* Partner             4-29-02        
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #