

**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.

3. Mailing Address  
1 East Broward Blvd.

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0633908

Applied For

Not Applicable

Zip  
33301

Country

Zip  
33301

Country

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

**DO NOT WRITE  
IN THIS SPACE**

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)

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	Moody, Virginia D. 1 East Broward Blvd, Suite 700 Fort Lauderdale, FL 33301	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:

*Lester E. Moody* Partner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02

CR2E034B (12/01)