## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P96000042832 **DOCUMENT #**

1. Entity Name

FIDELITY REALTY MANAGEMENT CO.



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90410 031 \*\*\*150.00

Principal Pla 7148 S.W. 8 MIAMI FL 33		S	7148	ng Address S.W. 8 STREET I FL 33144							
2. Principal Place of Business				3. Mailing Address			1				
Suite, Ap	t. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suit	te, Apt. #, etc.				☐ CHECK HERE IF MA	KING	CHANGES	3
City & State			City	City & State			4. FEI Number 65-0673670				pplied For lot Applicable
.Zip		•	i	· · · · · · · · · · · · · · · · · · ·	Country	<u> </u>	- <b>5.</b> - C€	ertificate of Status Desired	]\$		Iditional
	6. Name	and Address of C	urrent Registere	ed Agent			7. Na	me and Address of New Regist			
PICHS, JULIO						Name					
7148 S.W. 8 STREET				Street Add			ess (P.O. Box Number is Not Acceptable)				
MIAMI FL	33144					<del></del> .		<del></del>	•••	7	
			·		City				FL	Zip Coc	
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
····-			<del></del>	(NOTE	: Hegistered Agent s	ignature required s	when reins	tating) D	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							ļ	9. Election Campaign Financing Trust Fund Contribution.	,	\$5.0 Added	May Be to Fees
10.	<del></del>	OFFICERS	AND DIRECTOR	RS .	11.	<del></del>	ADDI	TIONS/CHANGES TO OFFICERS	4115.5	1050555	
TITLE .	D			☐ Delete	TITLE		ADUI	HONO/CHANGES TO OFFICERS			
NAME STREET ADDRESS CITY-ST-ZIP	PICHS, JULI 7148 S.W. 8 MIAMI FL 33	STREET			NAME STREET ADDRE	ss			L	_ Change	☐ Addition
TITLE NAME		····		☐ Delete	TITLE NAME		· · ·		[	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	-				STREET ADDRES	- 1		<del>.</del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	· ·		Γ,	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	·			] Change	Addition
ITLE NAME STREET ADDRESS DITY-ST-ZIP		· · ·		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s				Change	Addition

12. 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 eath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: