

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90812 027 ***150.00

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1. Entity Name
SLIM REALTY, INC.



Principal Place of Business
**110 FOSTER ROAD
HALLANDALE FL 33009**

Mailing Address
**110 FOSTER ROAD
HALLANDALE FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0841673

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLS, REETA
110 FOSTER ROAD
HALLANDALE FL 33009**

Name
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD MILLS, REETA**
STREET ADDRESS **110 FOSTER ROAD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition

TITLE Delete
NAME **VD MILLS, SAMUEL**
STREET ADDRESS **110 FOSTER ROAD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition

TITLE Delete
NAME **STD MILLS, IMMANUEL**
STREET ADDRESS **110 FOSTER ROAD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition
NAME **TD Mills, Immanuel**
STREET ADDRESS **110 Foster Road**
CITY-ST-ZIP **Hallandale FL 33009**

TITLE Delete
NAME **MD PRATT, BENJAMIN**
STREET ADDRESS **110 FOSTER ROAD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition

TITLE Delete

TITLE Change Addition
NAME **SD ETTA MILLS**
STREET ADDRESS **110 Foster Road**
CITY-ST-ZIP **Hallandale FL 33009**

TITLE Delete

TITLE 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Reeta Mills 4/26/03

Date: _____ Daytime Phone #: 954 540 5826

CR2E034 (10/02)