

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079408

1. Entity Name

REAL TRUST FINANCIAL CORP.

Principal Place of Business

3501 WEST VINE STREET
322-A
KISSIMMEE FL 34741
US

Mailing Address

3501 WEST VINE STREET
322-A
KISSIMMEE FL 34741
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3407150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMARA, CAS
3501 W VINE ST
STE 322-A
KISSIMMEE FL 34741

Name GRAHAM AISTROP

Street Address (P.O. Box Numbers Not Acceptable)
3501 W. VINE ST SUITE 322-A

City KISSIMMEE

FL

Zip Code 34741

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 reconstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STROP, GRAHAM A
STREET ADDRESS 3501 W VINE ST, #322-A
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE VP
NAME GRAHAM PAUL AISTROP
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TS
NAME BRADSHAW, JOAN
STREET ADDRESS 3501 W VINE ST, STE 322-A
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT
NAME CAS CAMARA
STREET ADDRESS 3501 W. VINE ST SUITE 322-A
CITY-ST-ZIP KISSIMMEE - FL 34741 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN BRADSHAW

JAN 25, 2001 (407) 933-1949

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-31-2001 90297 023 ***150.00

27313



DO NOT WRITE IN THIS SPACE