

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90014 042 ***150.00

0500836

DOCUMENT # P96000095232

1. Entity Name

U.S. REAL CORP.

Principal Place of Business

Mailing Address

16050 W DIXIE WAY

16050 W DIXIE WAY

422

422

N MIAMI BEACH FL 33160

N MIAMI BEACH FL 33160

2. Principal Place of Business

5008 NORTH FEDERAL HWY

3. Mailing Address

5008 NORTH FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

City & State

LIGHTHOUSE POINT, FL

4. FEI Number

65-0862411

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

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

LAGE ALVARENGA, SERGIO WILLIAM

16050 W DIXIE WAY

#422

N MIAMI BEACH FL 33160

Name

ALVARENGA SERGIO WILLIAM

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

2751 NE 10th TERRACE

City

POMPAUO BEACH

FL

Zip Code

33064

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

Sergio Alvarenga

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 LAGE ALVARENGA, SERGIO WILLIAM
STREET ADDRESS 16050 W DIXIE WAY #422
CITY-ST-ZIP N MIAMI BEACH FL 33160 ☐ Delete

TITLE P
NAME ALVARENGA SERGIO WILLIAM ☒ Change ☐ Addition
STREET ADDRESS 2751 NE 10 TERRACE
CITY-ST-ZIP POMPAUO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

Sergio Alvarenga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-01 954 599 8511

Date Daytime Phone #

CR2E034 (10/00)