

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State

0225089 AV

DOCUMENT # **P97000002835**

1. Entity Name
MUTUAL INVESTMENT TRUST REALTY, INC.

01-11-2002 90009 032 ***158.75

Principal Place of Business
~~PO BOX 402803~~
~~MIAMI BCH FL 33140~~
 US

Mailing Address
 PO BOX 402803
 MIAMI BCH FL 33140
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1108 - 96 STREET
 Suite, Apt. #, etc.
SUITE # 301

3. Mailing Address
 Suite, Apt. #, etc.

City & State
BAY HARBOUR ISLANDS, FL

City & State

Zip
33154 Country **US** Zip Country

4. FEI Number **65-0929092** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MORALES, HUGO G
~~1150 NW 72 AVE~~
~~SUITE 777~~
~~MIAMI FL 33125~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1108 - 96 ST STREET
SUITE # 301
 City **BAY HARBOUR ISLANDS FL** Zip Code **33154**

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

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, 2002 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, HUGO G	NAME	P.O. Box 402803
STREET ADDRESS	1150 NW 72 AVE	STREET ADDRESS	MIAMI BEACH FL 33140
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORALES, LISA DULBERG	NAME	P.O. Box 402803
STREET ADDRESS	1150 NW 72 AVE	STREET ADDRESS	MIAMI BEACH FL 33140
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULBERG, ROSE B	NAME	
STREET ADDRESS	3610 YATCH CLUB DR UNIT TS4	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Date **1/7/2002** (305) 865-4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)