

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90879 009 \*\*\*150.00

DOCUMENT # P97000006281

1. Entity Name

WARRIOR REALTY GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 900

City & State  
Miami, FL

Zip  
33131

Country  
US

3. Mailing Address

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 900

City & State  
Miami, FL

Zip  
33131

Country  
US

4. FEI Number

65-0722896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Creations

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

941 Fourth Street, #200

City  
Miami Beach

FL

Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PTD
NAME	Farkas, Michael D.
STREET ADDRESS	1221 Brickell Ave., STE 900
CITY- ST- ZIP	Miami, FL 33131
TITLE	V
NAME	Solimeo, Victor
STREET ADDRESS	1221 Brickell Ave., STE 900
CITY- ST- ZIP	Miami, FL 33131
TITLE	S
NAME	Solimeo, Ursula
STREET ADDRESS	1221 Brickell Ave., STE 900
CITY- ST- ZIP	Miami, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael D. Farkas*

*Michael D. Farkas*

4/26/02

3055390900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)