## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P97000006281						05-21-2002 90879 009 ***150.00				
1. Entity Na										
WARRIOR REALTY GROUP, INC.						'				
DO NOT WRITE IN THIS SPACE										
116332					rang against a					
,	Place of Busines		3. Mailing Address 1221 Brickell Avenue							
1221 Brickell Avenue Suite Apt #.etc			Suite, Apt. #, etc.			DO NOT WR	TË IN THIS	SPACE		
Suite 900 City & State			Suite 900							_
Miami	, FL	City & State Miami, FL			4. FEI Númber Applied For 65 – 0722896 Not Applied by Applied For Not Applied					
33131		US 3131		Country US		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	4 - 7 - 7 - 18 - 18 - 18 - 18 - 18 - 18 -	And March 19	7. Name and Address of Curren	Registered	l Agent		] .			
	i n/	ALCOT IN	Corpora	Corporate Creations						
DO NOT WRITE					Street Address (F	(P.O. Box Number is Not Acceptable)				
30 4 30 6	. IN	THIS SP	ACE	ACE 941 For			irth Street, #200			
in a specific being being being beginning					Miami B		FL		Code 1	~
8. The above	e named entity st	bmits this statement for	the purpose of changing is	Trealsters	ed office or registers	d'agent or both: in the State of El		33	131	-
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 privad name of registered agent and little if applicable. (NOTE: Pegistated Agent signature required when releasing)  9. This compression is elicible to exhibit the hamonible.  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible.**  1. **This compression is elicible to exhibit the hamonible than the hamonible tha									_	
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13. Thereby 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 on an attachment with an address, with all other like empowered.										
auacnmer	ic with an addres	s, wirn all other like emp	owered.			<b>,</b>				1