2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000006281 DOCUMENT

1. Entity Name



FILED Apr 14, 2003 8:00 am \$\frac{\x}{2}\$ Secretary of State \$\, 04-14-2003 90384 032 ***150.00 \$\, \text{\$\frac{\x}{2}\$}\$

WARRIO	R REALTY GROUP, INC.				04-12	1-2003 9036	34 032 *** 13	0.00	
1221 BRICKE SUITE 900 MIAMI FL 33 US 2. Principal F	Place of Business	Mailing Address 1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131 US 3. Mailing Address							
Suite Apt.		Suite, Apt. #, etc.	1 Averue		☐ CHECK	CHERE IF MAK	KING CHANGES	i	
City & Stat		City & State	In G	4.	FEI Number 65-07	722896		pplied For	
Zip 331	Country	zip 33139	Country	5.	Certificate of Status D		\$8.75 Ad Fee Require		
	6. Name and Address of Current R		·····	·7.	Name and Address o	f New Register	<u> </u>		
			Name						
CORPORATE CREATIONS ENTERPRISES, INC. 921 FOURTH ST., #200			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	_ 33131								
· ·	• •		City			[FL Zip Coo	le	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or I	registered as	gent, or both, in the Sta	ite of Florida. I	am familiar with,	and accept	
1 4 4	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Agent signatur	e required when	reinstating)	DA	NTE .		
- After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Camp Trust Fund Co			00 May Be d to Fees	
After Make Check	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of		1 11.	A	Trust Fund Co	ntribution.	☐ Added	d to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIREDALE D. FurkAS, Judiclet 3/13/03

SIGNATURE AND TREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR