FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026297 1. Entity Name South Floridians Realty, Inc.

FILED Jul 02, 2002 8:00 am Secretary of State

06-06-2002 90084 007 ***150.00

DO NOT WRITE IN THIS SPACE

3. Mailing Address 2. Principal Place of Business

37508

808 21	nd. Avenue North	808 2nd. Avenue North				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SP	ACE	
City & State Lake Worth, Florida		City & State Lake Worth, Florida		4. FEI Number 65-0801716		
33460-		^{Zip} 33460-3304	Country USA	6 Certificate of Status Desired \$	8.75 Additional	
			<u> </u>	7. Name and Address of Current Registered A	igent	
		A	Name Vic	tor Quinones		
	DO NOT W		Street-Addres	Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE	·	•		
			City \Lake	Worth FL	Zio Code 33460-4441	
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.						
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reindating) DATE						
		January 4 - M	ay 1 Fee is \$150.00			
9. This corporation is eligible to salisty its intangible Tax filling requirement and elects to do so. After May 1, Amended			1, Fee is \$550.00 i UBR is \$61.25 le to Department of S	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS						
NAME STREET ADDRESS CITY-ST-ZIP	President Victor M. Quinon 320 So. Dixle Hwy Lake Worth,Fl 33	nes Y. 460_4441	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (1201)	
TITLE NAME STREET ADDRESS	bake Holdi, FI 53	200-2221	TITLE NAME STREET ADDRESS		CR2E	
CITY-ST-ŽIP			CITY-ST-ZIP			
TITLE			TITLE NAME			
NAME STREET ADDRESS			- STREET AOORESS	DO NOT WOLT		
CITY-ST-ZIP			City-St-ZIP	DO NOT WRIT	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	E	
TITLE NAME STREET ADDRESS DITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS			

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 of trustee exployered 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 explowered.