

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027675

1. Entity Name

LUIS REALTY GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90140 029 ***150.00

Principal Place of Business 2814 COCONUT AVENUE COCONUT GROVE FL 33133	Mailing Address 2814 COCONUT AVENUE COCONUT GROVE FL 33133-3725
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2. Principal Place of Business 2761 West Trade Ave Suite, Apt. #, etc.	3. Mailing Address 2761 West Trade Ave Suite, Apt. #, etc.
City & State COCONUT GROVE, FL.	City & State COCONUT GROVE, FL.



DO NOT WRITE IN THIS SPACE

Zip 33133	Country U.S.A.	Zip 33133	Country U.S.A.
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4. FEI Number 65-0740573	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LUIS, MIKE A
 2814 COCONUT AVENUE
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name: Michael A. Luis

Street Address (P.O. Box Number is Not Acceptable):
2761 West Trade Ave

City: COCONUT GROVE FL Zip Code: 33133

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] Michael Luis DATE: 4-28-00

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LUIS, MIKE A 2814 COCONUT AVENUE COCONUT GROVE FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D LUIS, MIKE A 2761 WEST TRADE AVENUE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] REQUIRED DATE: 4-28-00 DAYTIME PHONE #: (305) 446-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)