

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90043 001 ***150.00
 02-17-2000 90043 002 ***150.00

DOCUMENT # P97000029526

1. Entity Name
US REALTY GROUP INC.

Principal Place of Business P.O. BOX 15515 WEST PALM BEACH FL 33416 US	Mailing Address P.O. BOX 15515 WEST PALM BEACH FL 33416-5515 US
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2. Principal Place of Business 1481 S Military Trail	3. Mailing Address PO Box 15515
Suite, Apt. #, etc. 12	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State West Palm Beach FL	City & State West Palm Beach FL	4. FEI Number 65-0739426	Applied For <input type="checkbox"/> Not Applicable
Zip 33415	Country USA	Zip 33416	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEYERS, DOUG 3710 INVERRARY DRIVE SUITE 2T LAUDERHILL FL 33419	7. Name and Address of New Registered Agent Name Lisa Wilde Street Address (P.O. Box Number is Not Acceptable) 1481 S Military Trail #12 City West Palm Beach FL 33415
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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 *Lisa Wilde* (NOTE: Registered Agent signature required when reinstating) DATE **1/21/2000**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, ED P.O. BOX 15515 WEST PALM BEACH FL 33416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED Muller PO Box 15515 West Palm Beach FL 33416 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** DATE: **2/10/00** DAYTIME PHONE #: **561-966-7366**

CR2E034 (9/99)