

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90095 022 \*\*\*150.00

**DOCUMENT # P97000029526**

**1. Entity Name**  
**US REALTY GROUP INC.**

**Principal Place of Business**

**13534 BRIGHTSTONE ST**  
**WELLINGTON FL 33414-8901**  
**US**

**Mailing Address**

**P.O. BOX 15515**  
**WEST PALM BEACH FL 33416**  
**US**



**2. Principal Place of Business**

**13833 wellington trace E4**  
**Suite, Apt. #, etc. 206**  
**City & State Wellington FL**

**3. Mailing Address**

**13833 wellington trace E4**  
**Suite, Apt. #, etc. 206**  
**City & State Wellington FL**

DO NOT WRITE IN THIS SPACE

**City & State Wellington FL**

**City & State Wellington FL**

**4. FEI Number 65-0739426**

**Applied For**  
**Not Applicable**

**Zip 33414 Country USA**

**Zip 33414 Country USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MULLER, SHERRY**  
**13534 BRIGHTSTONE ST**  
**WELLINGTON FL 33414-8901**

**7. Name and Address of New Registered Agent**

**Name Sherry Muller**  
**Street Address (P.O. Box Number is Not Acceptable) 13833 wellington trace E4, #**  
**Suite 206**  
**City wellington FL Zip Code 33414**

**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** *Sherry Muller*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 1/29/02

**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, 2002 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 PD** ☐ Delete  
**NAME MULLER, SHERRY**  
**STREET ADDRESS 13534 BRIGHTSTONE ST**  
**CITY-ST-ZIP WELLINGTON FL 33414-8901**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE PD** ☒ Change ☐ Addition  
**NAME Sherry Muller**  
**STREET ADDRESS 13833 wellington trace E4, suite 206**  
**CITY-ST-ZIP wellington FL 33414**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Sherry Muller*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

1/29/02 561-795-7122

CR2E004 (9/01)