

UNIFORM BUSINESS REPORT (UBR)

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

05-02-2002 90099 038 ***150.00

DOCUMENT # P97000043817

1. Entity Name

REALTY INVESTMENTS CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9445 SW 40 ST

3. Mailing Address

9445 SW 40 ST

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33165

Country

USA

Zip

33165

Country

USA

4. FEI Number

65-0753392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name

IBIS SANABRIA

Street Address (P.O. Box Number is Not Acceptable)

14001 SW 10TH ST

City

MIAMI

FL

Zip Code

33184

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

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|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANABRIA, IBIS 14001 SW 10TH ST MIAMI FL 33184 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE:

IBIS SANABRIA

(305) 559-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)