

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90034 030 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000062069
 1. Entity Name
REALTY AMERICA REAL ESTATE, INC.

DO NOT WRITE IN THIS SPACE

80061573

2. Principal Place of Business
12342 US 19 N
 Suite, Apt. #, etc.

3. Mailing Address
4305 TIBURON DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BAYONET POINT, FL
 Zip
34667
 Country
PASCO

City & State
NEW PORT RICHEY, FL
 Zip
34655
 Country
PASCO

4. FEI Number
59-3456311
 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name ANDREA ACERRA-KOPP
 Street Address (P.O. Box Number is Not Acceptable)
4305 TIBURON DR
 City NEW PORT RICHEY FL Zip Code 34655

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] DATE 4/2/02
(NOTE: Registered Agent signature required when resigning)

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			
TITLE PRES	NAME ANDREA ACERRA-KOPP	TITLE	
STREET ADDRESS 4305 TIBURON DR	CITY-STATE-ZIP NEW PORT RICHEY, FL 34655	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE VP	NAME ANDREW KOPP	TITLE	
STREET ADDRESS 4305 TIBURON DR	CITY-STATE-ZIP NEW PORT RICHEY, FL 34655	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
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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: [Signature] DATE 4/02/02 727-862-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)