## 2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State  1 - Evoly Name  5-DAY SALE REALTY, INC.  Principal Please of Business 1- Hou Coloral, principal Please of Business 1-	2001 UNIFORM BUSINESS REPORT (UBR)							FILED May 29, 2001 8:00 am				
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HIGH CORN, SPRINGS P. 3001  See Principal Pitcs of Business 20-423 STROMP RANG P. 3001  Suit A. Principal Pitcs of Business 20-423 STROMP RANG P. 3001  Suit A. Principal Pitcs of Business 20-423 STROMP RANG P. 3001  Suit A. Principal Pitcs of Business 20-423 STROMP RANG P. 3001  Suit A. Principal Pitcs of Business 20-423 STROMP RANG P. 3001  Suit A. Principal Pitcs of Business 20-423 STROMP RANG P. 3001  Business P. 3001  Suit A. Principal Pitcs of Business 20-423 STROMP RANG P. 3001  Business P. 3001  Suit A. Principal Pitcs Pitcs P. 3001  Business P. 3001  AND Control Pitcs P. 30	1 '		LTY, INC.					04-2	24-2001 90	0230 021 *	**150.00	
Commission   Com	Principal Place of Business Malling Address						-					
201-23 STRTE AND 7 MESE 201423 STRTE AND 7 MESE 201423 STRTE AND 7 MESE 201423 STRTE AND 8 MESE 2014 AND 14	CORAL SPRINGS FL 33071			CORAL SPRINGS FL 33071				5544				
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20 3.31498 US 32498 US 5. Certificate of Status Desired	City & Sta	ate		City & State			4. FEII	Number 65-078	9385	<del></del>		7
MIFF REGISTERED AGENT CORPORATION 2858 UNIVERSITY DRIVE SUITE B, SCOND FLOOR CORAL SPRINGS FL 33088  CN BOCA RATION  8. The above named entity submits this statement for the purpose of changing its re-gistered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This composition is eighble to assign his internation of the will be \$550.00 After MAY 1,2001 Fee will be \$550.00 After MAY 1,2001	Zip	Zip Country		Zip Coun			5. Cert	ificate of Status Des	ired C	\$8.75 A	ditional	7
R. The above named entity submits this statement for the purpose of changing fits re pistered office or registered eigent, or both, in the State of Florida.  SIGNATURE Submits hipsed of broad raised five registered office or registered eigent, or both, in the State of Florida.  SIGNATURE Submits hipsed of broad raised five registered control of submits hipsed of broad raised for the submits hipsed raised for the submits hipsed raised for the product of the corporation of the raised raised for the submits hipsed raised broad raised broad raised raised for the submits hipsed raised broad raised broad raised raised broad rai	MRF REGISTERED AGENT CORPORATION 2858 UNIVERSITY DRIVE					LOX	(P.O. Boy Mumber is Not Accountable)					
SIGNATURE   Signature   Statement of the pulpose of changing is registered office or registered degent, or book, in the State or Frorties						CityBOCA	RATON	<u> </u>	F	L Zp So	32_	
Tas filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550,00	SIGNATURE  Signature, hyped or printed name of registered agent and after a applicable.  (NOTE: F opistered Agent algorithms frequency to the purpose of changing its registered agent, or both, in the State of Florida.  (NOTE: F opistered Agent algorithms required when reinstating)  DATE  DATE											
TITLE NAME NAME NAME NAME NAME NAME NAME AND CORAL RIDGE DRIVE STE 359 CITY-SI-2P CORAL SPRINGS FL 33071  TITLE NAME 31RET ADDRESS CITY-SI-2P TITLE NAME 31RET ADDRESS CITY-SI-2P TITLE NAME STRET ADDRESS CITY-SI	Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2001  Make Check Payable					vill be \$550.00	ite	Trust Fund Contri	bution.	Adde	d to Fees	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  13.   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: Alan C. Kellock Apan C. Kellock 444/01 5667-558-8603	TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	ADDRESS			· · · · · · · · · · · · · · · · · · ·	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: Alan C. Kellock  PLAN C. Kellock  444/01  56/-558-8603	NAME STREET ADDRESS			☐ Delete	NAME Street					Change	☐ Addition	
of the corporation of the receiver of 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: Alan C. Kellock  Aran C. Kellock  444/01  56/-558-8603	NAME STREET ADORESS CITY-ST-ZIP				NAME STREET CITY-S	T-ZIP		ŧ ,				
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