

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90114 003 ***150.00

DOCUMENT # P97000098568

1. Entity Name
U.S. COMMERCIAL REALTY GROUP, INC.

Principal Place of Business 1773 N.W. 79TH AVENUE MIAMI FL 33126	Mailing Address 1773 N.W. 79TH AVENUE MIAMI FL 33126
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2. Principal Place of Business 8350 NW 52 Terrace	3. Mailing Address c/o The Babcock Company 8350 NW 52 Terrace
Suite, Apt. #, etc. Suite 107	Suite, Apt. #, etc. Suite 107

City & State Miami, Florida	City & State Miami, Florida
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Zip 33166	Country USA	Zip 33166	Country USA
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4. FEI Number **65-0803797** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHUCHTS, WAYNE S
 1773 N.W. 79TH AVENUE
 MIAMI FL 33126**

7. Name and Address of New Registered Agent
 Name **Wayne S. Schuchts**
 Street Address (P.O. Box Number is Not Acceptable)
**c/o CB Richard Ellis
 8350 NW 52 Terrace, Suite 101**
 City **Miami** FL Zip Code **33166**

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 *Wayne S. Schuchts* DATE **4-16-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2001 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	PD SCHUCHTS, WAYNE 1773 NW 79TH AVE MIAMI FL 33126-1112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Wayne Schuchts c/o CB Richard Ellis 8350 NW 52 Terrace, Suite 101 Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BABCOCK, CALVIN H C/O THE BABCOCK CO., 1773NW 79TH AVE MIAMI FL 33126-1112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S Calvin H. Babcock c/o The Babcock Company 8350 NW 52 Terrace, Suite 107 Miami, FL 33166 <input checked="" 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
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 an address, with all other like empowered.

SIGNATURE: *Calvin H. Babcock* **Calvin H. Babcock** DATE: **4/1/01** (305) 599-8811
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

04250311

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE