## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # P98000089025 1. Entity Name REALTY ACQUISITION GROUP, INC. 04-22-2000 90045 020 \*\*\*150.00 Principal Place of Business Mailing Address ATLANTIC BLVD., STE. 309-A 1800 ATLANTIC BLVD., STE, 309-A KEY WEST FL 33040-5382 \* WEST FL 33040 642381 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0881760 Not Applicable Country. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WYCKOFF, DOUGLAS S ESQ. Street Address (P.O. Box Number is Not Acceptable) 258 SO. DESOTO AVE., STE.1 ARCADIA FL 34266 United 57 egistered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **X** Change D TITLE Addition TITLE ☐ Delete Fanen, Ray Patterson Ave GANEM, RAY NAME NAME STREET ADDRESS 1800 ATLANTIC BLVD., STE. 309-A STREET ADDRESS Key Wes+, FC 33040 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Change Addition Delete TITLE Ganem, George J GANEM, GEORGE J NAME NAME STREET ADDRESS STREET ADDRESS 1800 ATLANTIC BLVD., STE. 309-A CITY-ST-ZIF CITY-ST-ZIP Key West, FL 33040 KEY WEST FL 33040 Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

305-296-200

Daytime Phone #