

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000093819**1. Entity Name
IREALITY GROUP USA, INC.

Principal Place of Business 3040 UNIVERSAL BLVD. WESTON FL 33331	Mailing Address 3040 UNIVERSAL BLVD. WESTON FL 33331
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2. Principal Place of Business 3050 UNIVERSAL BLVD.	3. Mailing Address 3050 UNIVERSAL BLVD.
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Suite, Apt. #, etc. SUITE 190	Suite, Apt. #, etc. SUITE 190
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City & State WESTON FL	City & State WESTON FL
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Zip 33331	Country	Zip 33331	Country
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4. FEI Number 65-0874644	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAMERICAN INFORMATION SERVICES, INC.
SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131 US**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE **09/14/2001**
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. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	GUBNITSKY HAROLD	
STREET ADDRESS	17351 SW 58 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUDZIAK WILLIAM	
STREET ADDRESS	2430 NE 36 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REEB SHAYNE	
STREET ADDRESS	3417 WATER OAKS DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	P	<input type="checkbox"/> Delete
NAME	JONES TODD	
STREET ADDRESS	2755 NW 115TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: HAROLD GUBNITSKY**S****09/14/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)