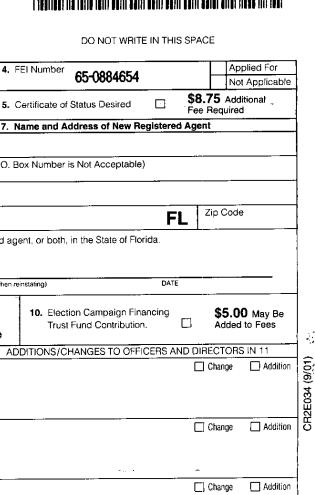
2002 UNIFORM BUSINESS REPORT (UBR) P99000000513 DOCUMENT # 1. Entity Name MIAMI BEACH REAL ESTATE COMPANY Mailing Address Principal Place of Business 1457 DREXEL AVE 1457 DREXEL AVE MIAMI BEACH FL 33139 MIAM! BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0884654 Country Country Zip Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name SAVARY, RENEE Street Address (P.O. Box Number is Not Acceptable) 5 ISLAND AVE. 10-J MIAMI BEACH FL 33139 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11.

FILED Jan 24, 2002 8:00 am Secretary of State

01-24-2002 90372 039 ***150.00



TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVARY, RENEE 5 ISLAND AVE., 10-J MIAMI BEACH FL 33139	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		∟] Change	Addition
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13. Thereby 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 supplies the 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 of using empowers 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 attachme

SIGNATURE: