2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State

DOCUI 1. Entity Name REALTY E	e	# P9	900001 INC.	0941					02-2	.1-2003 90	030 030	130.00	
Principal Place of Business 3990 N.W. 38TH TERR. LAUDERDALE LAKES FL 33309				Mailing Address 3990 N.W. 36TH TERR. LAUDERDALE LAKES FL 33309									
2. Principal Place of Business				3. Mailing Address				1 (80)/681	F.J. 1361 10 F.O.111 G.O.		1984 BRAIN (81)	T O'TOPET 41PT 1901	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				. FEI Number	65-0890	370		Applied For Not Applicable	1
Zip Country				Zip Count			5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent						
<u>.</u>	6. Name	and Address of	Current Register	ed Agent		~ Name ===	7	Name and	Address of No	W Hegistered	Agent	_ = 4 ***	_
BIRD, ARNOLD R 3990'N.W. 36TH TERR.							Street Address (P.O. Box Number is Not Acceptable)						
LAUDERDALE LAKES FL 33309								·	· ··•		Zip Co	de	\dashv
				,						Fl	- `		4
	named entitions of regis	y submits this stat tered agent.	ement for the pur	pose of changing	its registere	ed office or t	egistered :	agent, or both	, in the State o	of Florida. 1 am	familiar with	n, and accept	
SIGNATURE .	Signature, typed	or printed name of regis	tered agent and title it ac	plicable. (1	NOTE: Registere	d Agent aignatur	e required whe	n reinstating)	···	DATE			_
After	r May 1, 20	!! FEE IS \$150 03 Fee will be \$ o Florida Depar	550.00 🛵 🗀					Trus	etion Campaig at Fund Contril	oution 1	Add Add	.00 May Be ed to Fees	
10.		OFFICE	RS AND DIRECT	ORS	11.	·		ADDITIONS/C	HANGES TO	OFFICERS AN			∣ଲ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, ARI 3990 N.W LAUDERD	NOLD R 7. 36TH TERR JALE LAKES FL	33309	☐ Delete							☐ Change	Addition	CR2E034 (10/02)
NAME STREET ADDRESS				☐ Delete				<u>.</u>			Change	e 🔲 Addition	35 - 35
CITY-ST-ZIP	 	<u>:</u> -		Delete	TITL						☐ Change	Addition	1
NAME STREET ADDRESS		,		- Control of the cont	NAM STRE	~ ~ ~ ~ ~ ~ .	_		<u></u>		<u>, , , , , , , , , , , , , , , , , , , </u>		
CITY-ST-ZIP TITLE NAME				Delete	TITL NAM		<u> </u>		<u>.</u>		☐ Change	Addition	-
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		<u>-</u>		•			_
NTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deiete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Defete	CITY	EET ADDRESS -ST-ZIP					☐ Change		
12. I hereby indicated of the co-	certify that the control on this reportion or land at a control or land at the certific or land at the	ne information sup ort or supplements the receiver or trus tachment with an	plied with this flin al report is true and stee ampowered to the steel with all o	g does not qualify a accurate and the c execute this rep ther like empower	y for the exe lat my signa port as requi red.	mption state ture shall ha red by Char	ed in Section tive the sand oter 607, Fi	on 119.07(3)(i) ne legal effect lorida Statutas), Florida Statu as if made un ; and that my	ites. I further co der oath; that I name appears	ertify that the am an offic in Block 10	e information er or director or Block 11 If	