

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90074 026 ***550.00

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DOCUMENT # P99000011288

1. Entity Name
FORTUNE BERIRO INTERNATIONAL REALTY, INC.



Principal Place of Business
**350 SOUTH COUNTY ROAD
204
PALM BEACH FL 33480**

Mailing Address
**350 SOUTH COUNTY ROAD
204
PALM BEACH FL 33480**

2. Principal Place of Business
205 Worth Ave.

3. Mailing Address
205 Worth Ave.

4. FEI Number **00-0005962** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BERIRO, FORTUNE
350 SOUTH COUNTY ROAD
STE 205
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**205 Worth Avenue
Suite 115**
City **Palm Beach** FL Zip Code **33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
F Beriro 07/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)