

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000018186****1. Entity Name**
REALTY EQUITY INVESTMENT TRANSACTIONS, INC.**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90094 026 ***158.75

Principal Place of Business**Mailing Address****2103 CORAL WAY**
#201
MIAMI FL 33145**2103 CORAL WAY**
#201
MIAMI FL 33145**2. Principal Place of Business****2222 Ponce de Leon Blvd****3. Mailing Address****2222 Ponce de Leon Blvd****Suite, Apt. #, etc.****Suite 302****Suite, Apt. #, etc.****Suite 302****City & State****Coral Gables, FL 33134****City & State****Coral Gables, FL****4. FEI Number****65-0902288****Applied For****Not Applicable****Zip****33134****Country****Dade****Zip****33134****Country****Dade****5. Certificate of Status Desired****\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ACCORDINO, CARMEN****2103 CORAL WAY****SUITE 201****MIAMI FL 33145****Name****Rene Dago, Jr.****Street Address (P.O. Box Number is Not Acceptable)****2222 Ponce de Leon Blvd****City****Coral Gables****FL****Zip Code**
33134**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE**4/30/02****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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	PD	UZCATEGUI, DOMINGO	2103 CORAL WAY, SUITE 201 MIAMI FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PD	Augusto Menendez	2222 Ponce de Leon Blvd Coral Gables, FL 33134
<input type="checkbox"/> Delete	VPD	ROA CHARRO, MARIA	2103 CORAL WAY, SUITE 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPTD	Roa de Menendez, Maria Pilar	2222 Ponce de Leon Blvd Coral Gables, FL 33134
<input checked="" type="checkbox"/> Delete	VASD	RAMUDO, LUIS A	2103 CORAL WAY, STE. 201 MIAMI FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VPSD	Rene Dago, Jr.	2222 Ponce de Leon Blvd Coral Gables, FL 33134
<input checked="" type="checkbox"/> Delete	CO	MALDONADO, JUAN CARLOS	2103 CORAL WAY, STE. 201 MIAMI FL 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

DATE**4/30/02****Daytime Phone****305-443-8900**
EXT 303

CR2E034 (9/01)