FILED

2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9900026911 | | | | | Feb 05, 2002 8:00 am Secretary of State | | | |
|-------------------------------|---|--|--|------------------|---|---------------------------------------|------------------------------------|--|
| 1. Entity Nam | ne RK REALTY SERVICES, INC. | | | | | | | |
| | • | 000 | | | 02-05-2002 9006′ | / 031 ***150 | 0.00 | |
| <u>w.b</u> | .A. EXIT Realty | PRO | | | | | | |
| · | ce of Business | Mailing Address | | | | | | |
| 9521 NW 9TH PLANTATION | | 9521 NW 9TH COURT PLANTATION FL 33324 | | | | | | |
| DANTATION | TE WWEY | TEMPTATION TE GOOZY | | | E IMBRIGAN DIA KANTA IBIDI ABIRI ABIRI BARIK A | EILO LIBIT OLLE LELEL | (1 84) (186) (88) | |
| | | | | | | | | |
| 2. Principal F | Place of Business W. Sunrise Bla | 3. Mailing Address | Sunsise | 21 | 1 1581/581 118 (81.6) 411 8411 8411 8411 8411 8411 8 | 71(8 (1616 85)19 (858) | 11991 (19) 1461 | |
| Suite, Apt. | | Suite, Apt. #, etc. | JUN 13C | 12() | DO NOT WRITE IN TH | IIS SPACE | | |
| | | | | | | | | |
| City & Stat | ntaction FG 1 | PLantation | , FL | | 4. FEI Number 65-0900219 | — — — — — — — — — — — — — — — — — — — | plied For t Applicable | |
| 337 | 227 Country | Zip (| Country | Λ | 5. Certificate of Status Desired | \$8.75 Add | litional | |
| 900 | 5 みム しいか. 6. Name and Address of Current Re | 33322 | <u>u.s</u> | , | 7. Name and Address of New Register | Fee Required | <u> </u> | |
| Name | | | | | 7. Haine and Address of New Hegister | sa Agent | | |
| HOLLANDER, MARK J | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 11410 N KENDALL DR #207 | | | Officer victoress (Fo. Dox Hamber is 14st vicesphase) | | | | | |
| MIAMI FL | 33176 | | | | | | | |
| | | | City | | F | Zip Code | • | |
| 8. The above | named entity submits this statement for t | he purpose of changing its reg | istered office or re | egistere | ed agent, or both, in the State of Florida. | | | |
| | M.M. O.O. | VAIDA MOR | A4 , D | 0 ~ 5 | SIDENT O | 1150 | 2 | |
| SIGNATURE . | Signature, typed or pinted name of registered agent and | | gistered Agent signature | required v | | | <u> </u> | |
| 9. This corpo | pration is eligible to satisfy its Intangible | FILE NOW!!!- | EE IS \$150.00 | | | | | |
| Tax filling r | Fee will be \$55 | | 10. Election Campaign Financing Trust Fund Contribution. | | May Be to Fees | | | |
| | ria on back) OFFICERS AND DI | Make Check Payable t | | or Stati | ADDITIONS/CHANGES TO OFFICERS A | NID DIDECTORS | 1 IN 3 1 | |
| 11. TITLE | PD OFFICERS AND DI | Delete | TITLE | STA | | Change | Addition | |
| NAME | MORALI, VAIDA | <u> </u> | NAME | | RALI, VAIDA | | | |
| STREET ADDRESS CITY-ST-ZIP | 9521 NW 9TH COURT PLANTATION FL 33324 | | STREET ADDRESS CITY-ST-ZIP | 95A | I NW 9th. Court | | }, | |
| TITLE | STD | Delete | TITLE | Pla | intation Fl 33324 | ☐ Change | Addition | |
| NAME | MORALI, SHAI | A Double | NAME | . , | 01100110011 | S.Manige | | |
| STREET ADDRESS CITY-ST-ZIP | 9521 NW 9TH COURT PLANTATION FL 33324 | - | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | PLANTAHUN PL 33324 | □ Delete | TITLE | | · · · · · · · · · · · · · · · · · · · | ☐ Change | Addition | |
| NAME | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | □ Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| IITLE | | ☐ Delete | TITLE | | | Change | ☐ Addition | |
| NAME | | E Boloto | NAME | | | | | |
| STREET ADDRESS DITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| IITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME | | Suloto | NAME | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

S// INCOLOGY TO USE OF SIGNING OFFICER OR DIRECTOR

president

954-693-065 Daytime Phone #