FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058935



FILED Aug 03, 2004 8:00 am Secretary of State

08-03-2004 90007 030 ***158.75

			THE STATE OF THE S					
DO	NOT WRITE	IN THIS S	SPACE	24077921				
2. Principal Place of Business 5500 Collins AVE Suite, Apt. 462 City & State MIAMI BEACH, F2.		3. Mailing Address	lins ave		· .			
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
		City & State MIAMI BA	EACH , FL.	4. FEI Number 45-0935548	Applied For Not Applicable			
Zip Country 33140 U-S-A		33140	Country 以・S・A・	5. Certificate of Status Desired - \$8.75 Additional Fee Required				
			Name C C C C	7. Name and Address of Current Regis	tered Agent			
1967 (B. 1974) Sangaran (B. 1974) (B. 1974) Sangaran (B. 1974)	DO NOT W			(P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE	City		Zin Code			
GENERAL CONTRACTOR OF THE STATE			City	BEAcH- ered agent, or both, in the State of Florida. I	FL 33740			
January 1 After M Amend	yped finted name of register of yent - May 1 Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 e to Florida Department o		NOTE: Registered Agent signature require	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND	0.0464-0.0460.480.59						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRGE GREEN DO GOLLINS P YIANI BEACH	, , FC. 33140	TITLE NAME STREET ADDRESS CITY ST-ZIP					
NAME STREET ADDRESS	MIEL MARTIN TO HORTHUII	GRA W DR.	TITLE NAME STREET ADDRESS CHY-ST ² ZP					
NAME STREET ADDRESS	-SECR. UREN GRGGN SO MORTHVIE IIAMI BEACH	MARTINCAK W DR	■ STREET ADDIRESS * 13	DO NOT W	RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SP	ACE			
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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SENATURE AND TYPED OR SENATURE NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04

867-6572

Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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2, Principal	Place of Busin	Ne83	3. Mailing Address			1	4				;
Suite, Apt	#, etc		Sulte, Apt. #, etc		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1	C) CHECK HERE IF M	AKING (HANGES		
City & State		City & State		4.	4. FEI Number 65-0935548 Applied For			opted For of App@cable	}		
Zφ		Country	Zp	Cou			Cértificate of Stéme Déshed)\$	8.75 Add to Require	litional	1
	6. Name	and Address of Current i	Registered Agent		Name	7.	Name and Address of New Ragis	Med Ag	erd		}
GREEN, E	ELAINE K E 38TH CT	•			Street Address	(P.O. 8	lox Number is Not Acceptable)	-			1
2106											1
AVENTUR	W FL 33180				City			FL	Zip Cod	8]
	named entity tions of regist		the purpose of changing i	is register	ed office or registe	red ag	ens, or both, in the State of Florida.	1 em tar	nikar with,	and accept	
SIGNATURE		or printed seaso of registered Agent o	nd the Papple and Ort	TE Registers	d Agests elegatives require	d when e	instancy)	DATE			
Afte	r May 1, 200	FEÉ IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				Election Campaign Financi Trust Fund Contribution.	, C		O May Be I to Fees	
10.	To "	OFFICERS AND C	DIRECTORS Office	ti.		ΑC	OITIONS/CHANGES TO OFFICER		IRECTORS	S IN 11	ହ
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NAME STREET ADDRESS CITY-ST-IP				CITY.	ET ADDRESS - ST-70P						
12. I hereby of indicated of the cor changed	certify that the I on this report reporation of the , or on an atta	information supplied with t or supplemental report is e receiver or trustee empor chrispi with an addipse, w	this filing does not qualify the filing and accurate and that wared to execute this report all other like empowers	or the exci my signal it as requir d.	mption stated in Sure that the chall have the ed by Chapter 60	serien serne 7, Flori	119.07(3)(i), Florida Statutes. I furth agai effect as il made under cath: da Statutes, and that my name app	er certify het I con ears in E	that the ir an officer lock 18 or	dormation or director Block 11 if	
SIGNATURE:										۲	



Attachment

Investments • Real Estate Amicus Corporation of America Salada Properties, L.L.C. Desjo, Inc., Lic. R.E.

DEAR MS. K. D. SUTPHIN,

HERE IS THE REPLACEMENT FOR THE

LOST JOOY FORM.

I put in A copy of our 2003 FORM

AL50.

AHachment 240000058938

GEORGE GREEN 5500 COLLINS AVE. SUITE 402 T MIAMI BEACH, FL 33140

Request taken by::kdsutphin 07-27-2004

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314