


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90062 006 ***150.00

DOCUMENT # P99000060148

1. Entity Name
CLEARY REAL ESTATE GROUP, INC.



Principal Place of Business
**12277 S.W. 55TH ST.
STE 901
COPPER CITY FL 33330**

Mailing Address
**12277 S.W. 55TH ST.
STE 901
COPPER CITY FL 33330**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0938673** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GABLE, MICHAEL P
4000 HOLLYWOOD BLVD.
SUITE 735 SOUTH TOWER
HOLLYWOOD FL 33021-6755**

7. Name and Address of New Registered Agent
Name **Reyes Carlos**
Street Address (P.O. Box Number is Not Acceptable) **Greenberg Traurig, P.A.
401 E. Las Olas Blvd. Ste 2000**
City **Ft. Lauderdale** FL Zip Code **33301**

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 obligation of the registered agent.
SIGNATURE **ERROR** **Carlos Reyes, Atty** DATE **4-11-03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, NELSON	NAME	12277 S.W. 55th St. Ste 901
STREET ADDRESS	10061 N.W. 1ST COURT	STREET ADDRESS	Cooper City, FL 33330
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	Cooper City, FL 33330
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ALBERTO	NAME	12277 S.W. 55th St. Ste 901
STREET ADDRESS	10061 N.W. 1ST COURT	STREET ADDRESS	Cooper City, FL 33330
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	Cooper City, FL 33330
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIL, ALBERTO	NAME	12277 S.W. 55th St. Ste 901
STREET ADDRESS	10061 N.W. 1ST COURT	STREET ADDRESS	Cooper City, FL 33330
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	Cooper City, FL 33330
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4/01/03 (954) 693-9900**
Date Daytime Phone #

CR2E034 (10/02)