

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90063 019 ***158.75

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DOCUMENT # P99000068835

1. Entity Name
FIRST UNION REALTY INVESTMENTS CORP.

Principal Place of Business Mailing Address

5500 COLLINS AVE..APT.1401 **5500 COLLINS AVE..APT.1401**
MIAMI BEACH FL 33140 **MIAMI BEACH FL 33140**

2. Principal Place of Business 3. Mailing Address

PO BOX 402283 **PO BOX 402283**

Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State

MIAMI BEACH FLA **MIAMI BEACH FLA**

Zip Country Zip Country

33140 **Dade** **33140** **Dade**

4. FEI Number Applied For

65-0972306 Not Applicable

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

6. Name and Address of Current Registered Agent

EXPOSITO, SIGMUND
5500 COLLINS AVE..APT.1401
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name **EXPOSITO SIGMUND**

Street Address (P.O. Box Number is Not Acceptable)

19333 COLLINS AVE APT 510

City Zip Code

MIAMI BEACH FLA FL **33160**

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 **Sigmund Exposito** DATE **4/17/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	EXPOSITO, AN	
STREET ADDRESS	5500 COLLINS AVE #1401	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EXPOSITO, SIGMUND	
STREET ADDRESS	5500 COLLINS AVE #1401	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXPOSITO, ANA.J	
STREET ADDRESS	PO BOX 402283	
CITY-ST-ZIP	MIAMI BEACH FLA 33140	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXPOSITO SIGMUND	
STREET ADDRESS	PO BOX 402283	
CITY-ST-ZIP	MIAMI BEACH FLA 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Sigmund Exposito** DATE **4/17/02**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)