2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 044 ***150.00

Daytime Phone #

DOCUMENT # P99000072	392	/				
NATIONAL REALTY, INC.						
DO NOT WRITE	IN THIS SI	PACE				
2. Principal Place of Business 3. Mailing Address 8601 S.W. 129 TERR. 8601 S.W. 1		129 TERR	_			
Suite, Apt. #, etc. Suite, Apt. #, etc.		107 222		DO NOT WRITE I	N THIS SPACE	
·	City & State		4 . F	El Number	Applied For	
City & State MYAMI, FL City & State MIAMI, FL				65-0989974	Not Applicable	
Zip· Country USA	^{Zip} 33156	Country USA	5. C	ertificate of Status Desired	S8.75 Additional Fee Required	
		****	7. Na:	me and Address of Current Reg	gistered Agent	
				LUZ STELLA		
DO NOT WI		Street A	dress (P.O. B	ox Number is Not Acceptable) 129 TERR.		
IN THIS SP	ACE	* *				
		CMIA	MT		FL Zip Code 33156	
8. The above named entity submits this statement for	the purpose of changing its			ent, or both, in the State of Florida		
C. The above hames of the case and the case	, , , , , ,	Ū	•	*		
SIGNATURE Signature, typed or printed name of registered agent at	ad titla if applicable (NOT	E: Registered Agent signatu	re required when re	instating)	DATE	
		May 1 Fee is \$150	· · · · · · · · · · · · · · · · · · ·			
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	After May	1, Fee is \$550.00 d UBR is \$61.25		 Election Campaign Finance Trust Fund Contribution. 	ing \$5.00 May Be Added to Fees	
(See criteria on back)	Make Check Payal	ble to Departmen	of State	react and demandation.		
11. OFFICERS AND I	DIRECTORS	TITLE				
TITLE PSD NAME DWECK, LUZ STELLA		NAME				
STREET ADDRESS 8601 S.W. 129 TERR.		STREET ADDRESS				
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP				
NAME DITOTO DOMAN TR		TITLE NAME			A	
STREET ADDRESS 8601 S.W. 129 TERR.		STREET ADDRESS .				
CITY-ST-ZIP MIAMI, FL 33156	CITY-ST-ZIP					
TITLE		TITLE NAME	. , .	•		
NAME STREET ADDRESS		STREET ADDRESS	and the second states	DO NOT V	VRITE	
CITY-ST-ZIP		CITY - ST - ZIP				
TITLE		NAME		IN THIS S	PACE	
NAME STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE		TITLE				
NAME STREET AUDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE		TITLE				
NAME		> NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
13. I hereby certify that the information supplied with indicated on this report or supplemental report is						
13. I hereby certify that the information supplied with	this filing does not qualify for	or the exemption sta	ted in Section	119.07(3)(i), Florida Statutes. I fu	ther certify that the information	