## TILED May 14, 2002 8:00 am Secretary of State 05-14-2002 00250 0025 2002 UNIFORM BUSINESS REPORT (UBR) P99000090274 DOCUMENT # 1. Entity Name REAL ESTATE SITES, INC. Principal Place of Business Mailing Address 944 SAN PEDRO AV. 944 SAN PEDRO AV. CORAL GABLES FL 33156 CORAL GABLES FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 00 NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent Name SANABRIA, GONZALO Street Address (P.O. Box Number is Not Acceptable) 944 SAN PEDRO AV. **CORAL GABLES FL 33156** City Zip Code 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition SANABRIA, GONZALO NAME NAME 944 SAN PEDRO AV. STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP\$ CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 eport 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 disterned 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 address, with all other like empowered

Date

SIGNATURE: J

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR