FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 18 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091463

1. Entity Name

F. G. Real Estate Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1800 West 49th St	1800 West 49th St
Suite, Apt. #, etc. Suite 223	Suite, Apt. #, etc. Suite 223
City & State Hialeah, Florida	City & State Hialeah, Florida
Zip 33012 Country USA	Zip 33012 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0955937 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FLAVIO GIL

Street Address (P.O. Box Number is Not Acceptable) 1800 West 49th St Suite 223

City Hialeah FL Zip Code 33012

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 obligations of registered agent.

SIGNATURE Flavia Gil, President DATE 4/4/03

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Flavia Gil 1800 West 49th St Suite 223 Hialeah, Florida, 33012
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04/17/03--01095--004 **150.00

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Flavia Gil, President 4/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/18