

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105255

1. Entity Name

REALISTIC SOLUTIONS, INC.

Principal Place of Business

Mailing Address

3389 SHERIDAN ST # 167
HOLLYWOOD FL 33021

2. Principal Place of Business

3389 SHERIDAN ST

3. Mailing Address

Suite, Apt. #, etc.

167

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

33021

Country

BROWARD

Zip

Country

4. FEI Number

65-0990758

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERANA BOISROND
13500 NE 30th #204
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Merana Boisornd

10-8-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: *PRESIDENT*
NAME: MERANA BOISROND
STREET ADDRESS: 13500 NE 30th #204
CITY-ST-ZIP: N. MIAMI FL 33161

TITLE: *PRESIDENT*
NAME: MERANA BOISROND
STREET ADDRESS: 13500 NE 30th #204
CITY-ST-ZIP: N. MIAMI FL 33161

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: *VICE-PRESIDENT*
NAME: FREDERICK KOCH
STREET ADDRESS: 2401 VAN BUREN ST #4
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: *SECRETARY*
NAME: ANNE-MARIE D. BRUNY
STREET ADDRESS: 19960 NW 66th
CITY-ST-ZIP: MIAMI FL 33015

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
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:

Merana Boisornd

10-8-00 954 925 7183

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 13 AM 9:31

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

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****750.00 ****750.00

10/10/00