

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90355 019 ***150.00

0106615

DOCUMENT # P99000105255

1. Entity Name

REALISTIC SOLUTIONS INC.

Principal Place of Business

**3389 SHERIDAN ST.
 #167
 HOLLYWOOD FL 33021**

Mailing Address

**3389 SHERIDAN ST.
 #167
 HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**BOISROND, MERANA
 13500 N.E. 3RD COURT
 #204
 NORTH MIAMI FL 33161**

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

MERANA BOISROND, P. 3/26/01

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BOISROND, MERANA	
STREET ADDRESS	13500 N.E. 3RD CT. #204	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOCH, FREDERICK	
STREET ADDRESS	2401 VAN BUREN ST #4	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUNY, ANNE-MARIE D	
STREET ADDRESS	19960 NW 65 CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Merana Boisornd

MERANA BOISROND President 3-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)