FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 569320

1. Entity Name

RENT FREE REALTY FRANCHISE, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90156 037 ***150.00

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DO NOT WRITE IN THIS SPACE				in the second	10069064		
2. Principal P 2121 W.	lace of Business Oakland Park Blvd.	3. Malling Address 2121 W. Oakland Park Blvd.			÷		
Suite, Apt. #, etc. #11		Suite, Apt. #, etc. #11			DO NOT WRITE IN THIS SPACE		
City & State Fort=Lauderdäle, FL		City & State Fort Lauderdale, FL		4.	FEI Number Applied For 65-0287721 Not Applicable		
33311	Country USA	33311	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
Mirabian Mandal Sahrada Mirabia		· ···································	Name _		7. Name and Address of Current Registered Agent		
		Doug]		ouglas	as_Gallien		
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	IN THIS SP	AUE	2121 W. Oakland Park Blvd., #11			11	
			City 1	Fort La	uderdale, FI	_ Zip \$ 3311	
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 agorit. SIGNATURE Signature Street or private game of registered agorit and title if applicable (NOTE: Registered Agent substitute regulated when rejustating) DATE							
Signature, typed or printed name of registered agent and title if applicable. 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						\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	Children and a	ing the Committee of the State	e o desperado enterado. Los albreiros estados estados estados estados enterados enterados enterados enterados enterados enterados ente	the first three to the first three t		
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NAME	Douglas Gallien	. p3 #11	NAME			The same of the state of the st	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:

Daytime Phone #