SEP. 4.2003 4:31PM CORPORATIONS

APPROVED AND FILED

03 SEP 15 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44935

1. Entity Name
REALTY WHOLESALERS, INC.

90154992

Principal Place of Business	Mailing Address
2703 PARKVIEW DR HALLANDALE, FL 33009	2703 PARKVIEW DR HALLANDALE, FL 33009 US

2. Principal Place of Business	3. Mailing Address
930 S. State Rd. 7	930 S. State Rd. 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Plantation, FL	City & State Plantation, FL
Zip 33317 Country USA	Zip 33317 Country USA

09/08/03 90310-009 $158.75

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0346363 ☐ 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
MAISEL, GARY 9141 TAFT ST FORT LAUDERDALE, FL 33315	Name Peter B. Weintraub, ESQ. Street Address (P.O. Box Number Is Not Acceptable) 2650 N. Military Trail, # 150 City Boca Raton FL Zip Code 33431

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 [signature] 9/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERN, BEN 2703 PARKVIEW DR HALLANDALE, FL 33009 ☐ Delete Address Change →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Pres. Stern, Ben 930 S. State Rd. 7, Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/5/03 954-321-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ben Stern, President