

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90143 002 ***158.75

DOCUMENT # **V45240**

Entity Name
FLARAG MORTGAGE AND INVESTMENT, INC.

FLARAG



Principal Place of Business
**40 N.E. 8TH AVE., #2
 MIAMI FL 33138
 3**

Mailing Address
**FLARAG-F.J. CZERNY
 MELIBOCUS STR. 35C
 FRANKFURT, GERMANY 60528
 GE**



CHECK HERE IF MAKING CHANGES

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0403282** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CZERNY, FRANZ J
 9140 N.E. 8TH AVE., #2
 MIAMI FL 33138**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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]* DATE **24.06.03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE ME STREET ADDRESS CITY-ST-ZIP PDS CZERNY, FRANZ J 9140 N.E. 8TH AVE. MIAMI FL 33138 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *[Signature]* DATE **24.06.03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)