

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90003 028 \*\*\*150.00

**DOCUMENT # P99000060148**

1. Entity Name  
**10061 REAL ESTATE GROUP, INC.**

Principal Place of Business <b>10061 N.W. 1ST COURT PLANTATION FL 33324</b>	Mailing Address <b>10061 N.W. 1ST COURT PLANTATION FL 33324</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>12277 S.W. 55<sup>th</sup> St.</b>	3. Mailing Address <b>12277 S.W. 55<sup>th</sup> Street</b>
Suite, Apt. #, etc. <b>Suite 901</b>	Suite, Apt. #, etc. <b>Suite 901</b>
City & State <b>Cooper City, FL</b>	City & State <b>Cooper City</b>
Zip <b>33380</b> Country <b>U.S.A.</b>	Zip <b>33330</b> Country <b>U.S.A.</b>

4. FEI Number <b>65-0938673</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GABLE, MICHAEL P**  
**4000 HOLLYWOOD BLVD.**  
**SUITE 735 SOUTH TOWER**  
**HOLLYWOOD FL 33021-6755**

**7. Name and Address of New Registered Agent**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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: **N/A** **4/1/02**  
Signature, hand 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 \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERNANDEZ, NELSON 10061 N.W. 1ST COURT PLANTATION FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERNANDEZ, ALBERTO 10061 N.W. 1ST COURT PLANTATION FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIL, ALBERTO 10061 N.W. 1ST COURT PLANTATION FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **10061 REAL ESTATE GROUP, INC.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/02** Date **(954) 693-9900** Daytime Phone #

CR2E034 (9/01)