

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90004 010 \*\*\*150.00

0391467 AV

**DOCUMENT # P98000001016**

1. Entity Name  
**INTERNATIONAL REALTY AND DEVELOPMENT INC.**

Principal Place of Business      Mailing Address  
**1311 SOUTH PALM WAY      1311 SOUTH PALM WAY**  
**LAKE WORTH FL 33460      LAKE WORTH FL 33460**

2. Principal Place of Business      3. Mailing Address  
*1311 So. Palmway*      *1311 So. Palmway*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Lake Worth, FL*      *Lake Worth, FL*  
 City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0827315**      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  
**SHARPE, LORETTA**      Name  
**1311 SOUTH PALM WAY**      Street Address (P.O. Box Number is Not Acceptable)  
**LAKE WORTH FL 33460**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SHARPE, LORETTA</b>                   | NAME  |   |
| STREET ADDRESS             | <b>1311 SOUTH PALM WAY</b>               | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAKE WORTH FL 33460</b>               | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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: *Loretta Sharpe*      **SIGNATURE REQUIRED**      *01/05/02*      *361-8181277*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #

CR2E034 (9/01)