

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000061006

**FILED**  
**Jan 24, 2023**  
**Secretary of State**  
**4402454139CC**

**Entity Name:** IVORY 0202 CORPORATION

**Current Principal Place of Business:**

815 PONCE DE LEON BLVD.  
3RD FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

815 PONCE DE LEON BLVD.  
3RD FLOOR  
CORAL GABLES, FL 33134 US

**FEI Number:** 40-0011774

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MIR, HECTOR J  
815 PONCE DE LEON BLVD.  
3RD FLOOR  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P/D  
Name            STANCHIERI, STEFANIA  
Address        C/O IADVISE REAL ESTATE LLC  
                  747 3RD AVENUE 34B  
City-State-Zip: NEW YORK NY 10017

Title            S/T, VP  
Name            GIL, VICTOR  
Address        C/O IADVISE REAL ESTATE LLC  
                  747 3RD AVENUE 34B  
City-State-Zip: NEW YORK NY 10017

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTOR M. GIL

**DIRECTOR**

**01/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date