

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90259 044 \*\*\*150.00

**DOCUMENT # 435499**

1. Entity Name  
**ISLA DEL SOL, INC.**

Principal Place of Business <b>8900 SW 107 AVE</b> <b>STE 305</b> <b>MIAMI FL 33176</b>	Mailing Address <b>8900 SW 107 AVE</b> <b>STE 305</b> <b>MIAMI FL 33176</b>
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2. Principal Place of Business <b>c/o GE Capital Real Estate</b> Suite, Apt. #, etc. <b>292 Long Ridge Road</b> City & State <b>Stamford, CT</b>	3. Mailing Address <b>c/o GE Capital Real Estate</b> Suite, Apt. #, etc. <b>292 Long Ridge Road</b> City & State <b>Stamford, CT</b>
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Zip <b>06927</b>	Country <b>USA</b>	Zip <b>06927</b>	Country <b>USA</b>
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4. FEI Number <b>59-1493587</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANATION FL 33324**

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>COLICA, J. A.</b> <b>260 LONG RIDGE RD</b> <b>STAMFORD CT</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VA</b> <b>ROZA, FRANK</b> <b>8900 SW 107 AVE., #305</b> <b>MIAMI FL 33176</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>NASMYTH, F. A.</b> <b>8900 SW 107 AVE., #305</b> <b>MIAMI FL 33176</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Robert E. Pfeiffer</b> <b>292 Long Ridge Road</b> <b>Stamford, CT 06927</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>Jayne Day</b> <b>292 Long Ridge Road</b> <b>Stamford, CT 06927</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>William P. Moore</b> <b>292 Long Ridge Road</b> <b>Stamford, CT 06927</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Marybeth Crone</b> <b>292 Long Ridge Road</b> <b>Stamford, CT 06927</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** William P. Moore **William P. Moore** **3/4/02** **(203) 357-4203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)