

**AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # F00000001014

1. Entity Name

ISLAND BREEZE MORTGAGE LENDERS  
INC.



03 NOV -7 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

22976 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

200021501902  
11/07/03--01027--008 \*\*70.00

DO NOT WRITE IN THIS SPACE

City & State

CUDJOE KEY, FLORIDA

City & State

SAME

4. FEI Number

061416540

Applied For

Not Applicable

Zip

33042

Country

MONROE

Zip

SAME

Country

SAME

5. Certificate of Status Desired

☒ **\$8.75** Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

NATALIE L. SMITH

Street Address (P.O. Box Number is Not Acceptable)

1475 S.E. 15TH STREET

UNIT 101

City

FT. LAUDERDALE

FL

Zip Code  
33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

NATALIE L. SMITH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT

NATALIE L. SMITH

22976 OVERSEAS HIGHWAY

CUDJOE KEY, FLORIDA 33042

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SECRETARY

NICHOLAS J. GIAMATTI

22976 OVERSEAS HIGHWAY

CUDJOE KEY FLORIDA 33042

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-2003

Date

305-745-2020

Daytime Phone #

CR2E034B (12/02)