

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90590 026 ***150.00

DOCUMENT # F96000001099

1. Entity Name

ISLAND TRADING REAL ESTATE, INC.

Principal Place of Business

**4 COLUMBUS CIR
5TH FL
NEW YORK NY 10019
US**

Mailing Address

**4 COLUMBUS CIR
5TH FL
NEW YORK NY 10019
US**

00010563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **13-3807313**

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

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

Signature, typed 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, 2001 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	DVP	<input checked="" type="checkbox"/> Delete
NAME	MESTEL, LAWRENCE	
STREET ADDRESS	4 COLUMBUS CIR 5TH FL	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FORSTER, JOHN	
STREET ADDRESS	4 COLUMBUS CIR 5TH FL	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUJEIRAS, DOREEN	
STREET ADDRESS	4 COLUMBUS CIR 5TH FL	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE	TD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MEG	
STREET ADDRESS	4 COLUMBUS CIR 5TH FL	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HART, WENDY	
STREET ADDRESS	1330 OCEAN DR 4TH FL	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Meg Friedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)