

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05322

1. Entity Name

INTERNATIONAL PROJECT REALTY CORPORATION

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90009 012 ***150.00

Principal Place of Business

Mailing Address

8462 S TAMiami TRAIL
P.O. BOX 2700
SARASOTA FL 34238
US

PO BOX 2700
P.O. BOX 2700
SARASOTA FL 34230-2700
US

2. Principal Place of Business

8454 S. TAMiami TRAIL

3. Mailing Address

P.O. Box 2700

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number 59-2367183

Applied For
Not Applicable

Zip
34238

Country
SARASOTA

Zip
34230

Country

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

WEINBERG, ALEXANDER

8454-8462 S TAMiami TRAIL
SARASOTA FL 34238

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	WEINBERG, ALEXANDER	
STREET ADDRESS	485 E ROYAL FLAMINGO DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/2000 941 966-3611

CR2E034 (9/99)