

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90015 046 \*\*\*150.00

**DOCUMENT # P00000023372**

1. Entity Name  
**IVORY DEVELOPERS, INC.**

Principal Place of Business      Mailing Address  
**3904 FALCON CIRCLE      3904 FALCON CIRCLE**  
**WESTON FL 33331      WESTON FL 33331**

2. Principal Place of Business      3. Mailing Address  
**4153 PINE RIDGE LANE      4153 PINE RIDGE LANE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State  
**WESTON FL      WESTON FL**

4. FEI Number      Applied For  
**65-0990413      Not Applicable**

Zip      Country      Zip      Country  
**33331      BROWARD      33331      BROWARD**

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**

**BLANCK & PERRY, P.A.**  
**5730 SW 74TH STREET SUITE 700**  
**MIAMI FL 33143**

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

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**

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

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | PD                              | <input type="checkbox"/> Delete |
| NAME           | <b>GIFFONI, ANA</b>             |                                 |
| STREET ADDRESS | <b>3904 FALCON RIDGE CIRCLE</b> |                                 |
| CITY-ST-ZIP    | <b>WESTON FL 33331</b>          |                                 |
| TITLE          | VD                              | <input type="checkbox"/> Delete |
| NAME           | <b>BERTANI, CESAR</b>           |                                 |
| STREET ADDRESS | <b>3904 FALCON CIRCLE</b>       |                                 |
| CITY-ST-ZIP    | <b>WESTON FL 33331</b>          |                                 |
| TITLE          | STD                             | <input type="checkbox"/> Delete |
| NAME           | <b>ESPINOZA, VICTOR</b>         |                                 |
| STREET ADDRESS | <b>3904 FALCON CIRCLE</b>       |                                 |
| CITY-ST-ZIP    | <b>WESTON FL 33331</b>          |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | <b>ROCHA, JORGE</b>             |                                 |
| STREET ADDRESS | <b>3904 FALCON CIRCLE</b>       |                                 |
| CITY-ST-ZIP    | <b>WESTON FL 33331</b>          |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>GIFFONI, ANA</b>         |  |
| STREET ADDRESS | <b>4153 PINE RIDGE LANE</b> |  |
| CITY-ST-ZIP    | <b>WESTON, FL 33331</b>     |  |
| TITLE          | VD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BERTANI, CESAR</b>       |  |
| STREET ADDRESS | <b>4153 PINE RIDGE LANE</b> |  |
| CITY-ST-ZIP    | <b>WESTON FL 33331</b>      |  |
| TITLE          | STD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ESPINOZA, VIKTOR</b>     |  |
| STREET ADDRESS | <b>4153 PINE RIDGE LANE</b> |  |
| CITY-ST-ZIP    | <b>WESTON FL 33331</b>      |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ROCHA, JORGE</b>         |  |
| STREET ADDRESS | <b>4153 PINE RIDGE LANE</b> |  |
| CITY-ST-ZIP    | <b>WESTON FL 33331</b>      |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| 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: **SIGNATURE REQUIRED - ANA GIFFONI - PRESIDENT**      Date: **02/18/2002**      Daytime Phone #: **9542174027**

CR2E034 (9/01)