

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P01000017663**

1. Entity Name

**INTERNATIONAL URBAN DEVELOPERS, INC.****FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90088 033 \*\*\*150.00

0697390 AT

Principal Place of Business

**P.O. BOX 14381**  
**TAMPA FL 33690**

Mailing Address

**P.O. BOX 14381**  
**TAMPA FL 33690**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**P.O. BOX 14152**

Suite, Apt. #, etc.

**TAMPA FL**

City &amp; State

Zip

**33690**

Country

**usa**

3. Mailing Address

**P.O. BOX 14152**

Suite, Apt. #, etc.

**TAMPA FL**

City &amp; State

Zip

**33690**

Country

**usa**

4. FEI Number

\* Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOYER, GREGORY F ESQ.**  
**2522 LAKE ELLEN LANE**  
**TAMPA FL 33690**

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, 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**D**  
**BOYER, GREGORY F ESQ.**  
**2522 LAKE ELLEN LANE**  
**TAMPA FL 33690**☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D**  
**ROSARIO FALZONE**  
**3217 A. S. MACOILL AVE**  
**TAMPA FL 33690**☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
**ROSARIO FALZONE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR09-10-02  
Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
980568

SEPTEMBER 10 2002

DIVISION OF CORPORATIONS  
409 EAST GAINES ST  
TALLAHASSEE FL 32399

ATT: SEAN TONER

RE: DOCUMENT # ~~PO1000017653~~  
INTERNATIONAL URBAN DEVELOPERS INC.

DEAR SIR:

EXTRANEIOUS CIRCUMSTANCES HAVE DELAYED THE FILING OF THIS DOCUMENT SINCE LAST FILING THE PLACE OF BUSINESS AND MAILING ADDRESS HAVE BOTH CHANGED AND THEREBY REQUIRED EXTRA EFFORT ON OUR BEHALF TO TRACE THE AFOREMENTIONED DOCUMENTS. FINALLY FOUND WE KINDLY ASK YOU TO HAVE PITY ON US AND FILE THESE DOCUMENTS WITHOUT ANY FURTHER COSTS. WE GREATLY APPRECIATE YOUR ANTICIPATED COOPERATION.

YOURS TRULY

INTERNATIONAL URBAN DEV. INC.