FILED
May 19, 2003 8:00 am
Secretary of State
04-18-2003 90446 041 *****8.75
05-19-2003 90218 033 ***141.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000014732

1. Entity Name
INTERNATIONAL REALTY OF ORLANDO, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3501 W. Vine Street	3501 W. Vine Street
Suite, Apt. #, etc.: Suite 329	Suite, Apt. #, etc.: Suite 329
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34741 Country: U.S.A.	Zip: 34741 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3611575 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lindo, Ninoska C.

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

3501 West Vine Street Suite 329

City: Kissimmee FL Zip Code: 34741

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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	PTD
NAME	Sifontes, Nicolas Rafael
STREET ADDRESS	460 Holborn Loop
CITY-ST-ZIP	Davenport, FL 33897
TITLE	SD
NAME	Lindo Ninoska C
STREET ADDRESS	460 Holborn Loop
CITY-ST-ZIP	Davenport, FL 33897
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	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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] 04/15/03 (407) 7780093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #