

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092682

1. Entity Name
INTERNET REALTY, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90064 011 ***550.00

0036658 AV

Principal Place of Business
905 BRICKELL BAY DR
STE 227
MIAMI FL 33131

Mailing Address
905 BRICKELL BAY DR
STE 227
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
905 Brickell Bay Dr.
Suite, Apt. #, etc.
Ste 227
City & State
Miami, Fl.
Zip
33131
Country
U.S.A.

3. Mailing Address
905 Brickell Bay Dr.
Suite, Apt. #, etc.
Ste 227
City & State
Miami, Fl.
Zip
33131
Country
U.S.A.

4. FEI Number 65-0681000
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURDAK, DANIEL S
999 BRICKELL BAY DR
TOWER 2 LOBBY STE 101
MIAMI FL 33131

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 GERRITS, ANDREW T 6350 N ANDREWS AVE #100 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLUCIELLO, JOSE 905 BRICKELL BAY DR TOWER 2 STE 227 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURDAK, DANIEL S 905 BRICKELL BAY DR TOWER 2 STE 227 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIA PADOVAN 905 BRICKELL BAY DR # 1428 MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURDAK DANIEL S 905 BRICKELL BAY DR # 227 MIAMI FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIEL VALCARCE 905 BRICKELL BAY DR # 227 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 Maria Padovan 9/10/01 205-989-1242

CR2E034 (5/01)