

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2002 8:00 am**  
**Secretary of State**

04-19-2002 90002 045 \*\*\*150.00

**DOCUMENT # P95000092682**

1. Entity Name  
**INTERNET REALTY, INC.**

Principal Place of Business

**905 BRICKELL BAY DR  
STE 227  
MIAMI FL 33131**

Mailing Address

**905 BRICKELL BAY DR  
STE 227  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 1, LOBBY STE 101  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Burdak, Daniel S**  
Street Address (P.O. Box Number is Not Acceptable)  
**905 Brickell Bay Dr  
Tower II, Ste 227**  
City **Miami Fl** FL Zip Code **33131**

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

**04/09/02**

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 **D** ☐ Delete  
NAME **GERRITS, ANDREW T**  
STREET ADDRESS **6350 N ANDREWS AVE #100**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **COLUCIELLO, JOSE**  
STREET ADDRESS **905 BRICKELL BAY DR TOWER 2 STE 227**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **BURDAK, DANIEL S**  
STREET ADDRESS **905 BRICKELL BAY DR TOWER 2 STE 227**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **PADOVAN, MARIA**  
STREET ADDRESS **905 BRICKELL BAY DR # 1428**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **VALCARCE, VIVIAN**  
STREET ADDRESS **905 BRICKELL BAY DR # 227**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

**04/09/02 (305) 372-0114**

CR2E034 (9/01)