

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 002 ***150.00

DOCUMENT # P96000010206
1. Entity Name
Villas International Realty Inc. ✓

DO NOT WRITE IN THIS SPACE

11030149

2. Principal Place of Business <u>125 Worth Ave.</u> Suite, Apt. #, etc. <u>Ste 302</u>		3. Mailing Address <u>125 Worth Ave.</u> Suite, Apt. #, etc. <u>Ste 302</u>	
City & State <u>Palm Beach, FL</u>		City & State <u>Palm Beach</u>	
Zip <u>33480</u>	Country <u>USA</u>	Zip <u>33480</u>	Country <u>USA</u>

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4. FEI Number <u>AC 0616545</u>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Barbara L. Tolley</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>2155 Hibis Isle Rd. PH2</u>	
	City <u>Palm Beach</u>	FL <u>33480</u>

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 Barbara L. Tolley DATE 4-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PD Barbara L. Tolley 125 Worth Ave. Ste 302 Palm Beach, FL 33480</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE Barbara L. Tolley Director DATE 4-18-03 561-588-2502
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)