

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90239 032 ***150.00

DOCUMENT # P98000042658

1. Entity Name
INTERNATIONAL REALTY TRUST, INC.



Principal Place of Business
**2451 MCMULLEN BOOTH ROAD STE 312
CLEARWATER FL 33759**

Mailing Address
**2451 MCMULLEN BOOTH ROAD STE 312
CLEARWATER FL 33759**

14022021



2. Principal Place of Business

3. Mailing Address
2451 McMullen Booth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste. 312

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Clearwater, FL

4. FEI Number
59-3508903

Applied For
Not Applicable

Zip

Country

Zip
33759 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANAF CORPORATION
2451 MCMULLEN BOOTH ROAD
SUITE 312
CLEARWATER FL 33759**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FARANTATOS, G N
2451 MCMULLEN BOOTH RD STE 312
CLEARWATER FL 33759** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
APONTE, CARLOS
2451 MCMULLEN BOOTH RD STE 312
CLEARWATER FL 33759** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for 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 I am an officer or director of the corporation or the receiver or trustee of the corporation, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this filing.

SIGNATURE:

[Handwritten Signature]

4-27-04 (727) 7990111

CR2E034 (10/02)