2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



FILED Apr 21, 2003 8:00 am Secretary of State

1. Entity Name INTERNATIONAL REALTY TRUST, INC.						04-21-2003 90434 001 ***150.00				
Principal Place of Business 2451 MCMULLEN BOOTH ROAD CLEARWATER FL 33759		Mailing Address 2451 MCMULLEN BOOTH ROAD CLEARWATER FL 33759								
2. Principal P	lace of Business	3. Mailing	3. Mailing Address			1	KOOHINDA ITA KAKAK KAKIK ODINI DARKI ABILI DEKIL EKRID ITAIS BIL -	11 31101 1011 1011		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
City & State	9	City & St	City & State			4. FEI N	F073EV80V3	Applied For Not Applicable		
Zip	Country Zip Co		Country	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Curren	t Registered A	Registered Agent			7. Name	and Address of New Registered Agent	s of New Registered Agent		
BANAF CORPORATION 2451 MCMULLEN BOOTH ROAD SUITE 200					Name Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 33759				City	City FL Zip Code					
the obligat	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered ager			gistered office or re			or both, in the State of Florida. I am familiar with	n, and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing \$5.	00 May Be ed to Fees		
10.	OFFICERS ANI	DIRECTORS		11.		ADDITI	ONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARANTATOS, G N 2451 MCMULLEN BOOTH RD S CLEARWATER FL 33759	TE 312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST APONTE, CARLOS 2451 MCMULLEN BOOTH RD S CLEARWATER FL 33759	TE 312	☐ 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		
TITLE	·		☐ Delete	TITLE NAME			☐ Change	Addition		

12. Thereby certify that the information supplied with this filling 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 true and accurate the exemptation of the corporation or the receiver or true and accurate the exemptation of the corporation or the receiver or true and accurate the exemptation of the corporation or the receiver or true and accurate the exemptation of the corporation or the receiver or true and accurate and that my same appears in Block 10 or Block 11 if of the corporation or the receiver or true exchanged, or on an attachment with an aug

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

Delete

☐ Delete

☐ Change

Change

☐ Addition

☐ Addition