FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2001 8:00 am Secretary of State DOCUMENT # **V31928** ISLA DEL SOL REALTY, INC. 04-09-2001 90046 017 \*\*\*150.00 Principal Place of Business Mailing Address 1191 45TH AVENUE NE 1191 45TH AVENUE NE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 C0043034 2. Principal Place of Business 3. Mailing Address 1631-1 CAPE RAY AUE NE PO BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0330473 ST PETERSBURG Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FITZGERALD, PATRICK J. Street Address (P.O. Box Number is Not Acceptable) 110 MERRICK WAY STE 3-B CORAL GABLES FL 33134 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete CORBIN, SUSAN 1631-1 CAPE RAY AUE NE CORBIN, SUSAN NAME STREET ADDRESS 1191 45AVE NE STREET ADDRESS SAINT PETERSBURG, 76 33702 CITY-ST-ZIP SAINT PETERSBURG FL 33703 CITY-ST-ZIP TITLE ☐ Delete TITLE HERNANDEZ CTUS TOI WATERFORD WAY, SUITE 110 HERNANDEZ, GUS NAME NAME 6505 BLUE LAGOON DRIVE, #250 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.