## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 1. Entity Name

V31928

ISLA DEL SOL REALTY, INC. A Residence of the second second

Principal Place of Business : " 🧓 🕆

Mailing Address

1631-1 CAPE RAY AVE NE SAINT PETERSBURG FL 33702

PO BOX 5595

ST PETERSBURG FL 33732

2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				



May 01, 2002 8:00 am Secretary of State
05-01-2002 91490 041 \*\*\*150.00

Size   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 Additional Fee Req					1.00	, annam miðu mann lámd hlift í 1811 911	ter midte Riner miner	1 BIRLI BIRLI IARI	
Zip Country Zip Country 5. Conficet of Status Desired S8.75 Additional For Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  FTZGERALD, PATRICK J 110 MERRICK WAY STE 3-B CORAL (GABLES FL 33134 City STE 3-B CORAL (GABLES FL 33134 City STE 3-B)  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida.  SIC ATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices name of registered agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices of New Registered Agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices of New Registered Agent, or both, in the State of Fiorida.  SIC MATURE  Signalure, lyced or prices of New Registered Agent, or both, in the State of Fiorida.  SIC MATURE  Signalure agent, or both, in the State of Siatus Agent, or both, in the State of Siatus Agent, or both, in the State of Siatus Agent, or both, in the State of Fiorida.  SIC MATURE  Sign			City & State			4. FEI Number Applied For			
Signature   Sign					4. FEI Numb				
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits list statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits list statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits list statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits list statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits list statement for the purpose of changing its registered agent, or both, in the State of Florida.  9. After May 1, 2020 Fee will be \$\$50.00  After May 1, 2020 Fee will be \$\$50.00					_	65-0330473	~~~	lot Applicable	
FITZGERALD, PATRICK J 110 MERRICK WAY STE 3-B CORAL GABLES FL 33134  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  Sic NATURE  Sic NATURE  Signification, typed or private name of registered agend and 19th if applicable.  NOTE: Registered Agent agenavar recurred when recurred when recommendating in the State of Florida.  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 TRUS FIRET ADDRESS CITY-S1-ZP  TRUE  INME  CORBIN, SUSAN  1831-1 CAPE RAY AVE NE SAINT PETERSBURG FL 33702  TILE  NAME  CORBIN, SUSAN  SIRET ADDRESS  CITY-S1-ZP  MIAMI  ITILE  MAME  TILE  MAME  TILE  Delete  TILE  NAME  SIRET ADDRESS  CITY-S1-ZP  MIAMI FET ADDRESS  CITY-S1-ZP  MIAMI FET ADDRESS  CITY-S1-ZP  MIAMI FET ADDRESS  CITY-S1-ZP  TILE  MAME  SIRET ADDRESS  CI	Zip			Country	5. Certificate	of Status Desired	\$8.75 Ac	dditional	
Name   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Registers			
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.  Sic NATURE    Signalure, Spead or purised name of registered agent and trip if applicable.   (NOTE: Registered Agent separative required when revisating)   DATE	FITZGERALD, PATRICK J 110 MERRICK WAY STE 3-B				Name				
Signature, typed or printed name of registered agent and still if applicable. (NOTE Registered Agent signature required when reinstating):  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  TITLE  NAME  CORBIN, SUSAN  1831-1 CAPE RAY AVE NE  SAINT PETERSBURG FI. 33702  TITLE  PP  HERNANDEZ, GUS  TOTH WATERFORD-WAY; SUITE-110  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME				City		F	Zip Coc	de	
Sick ATURE    Signature, typed or printed name of registered agent and title if approache. (NOTE Registered Agent signature required when reinstating)   DATE	8. The above	e named entity submits this statement for t	he purpose of changing its re	egistered office or regis	ered agent, or bot		=		
Tax filing requirement and elects to do so.    After May 1, 2002   Fee will be \$550.00   Make Check Payable to Department of State									
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Tax filing (See crite	requirement and elects to do so. iria on back)	After May 1, 2002 Make Check Payable	Pree will be \$550.00 to Department of St	ate	st Fund Contribution.	L Added	d to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME			RECTORS	12.	ADDITIONS/	CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	HERNANDEZ, GUS <del>-70 : Waterf</del> ord: Way-suite-110		NAME SIREET_ADDRESS<			☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
TITLE  MAME  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 path; that I am an effect or directors and that the information of the same legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path; that I am an effect or directors are legal effect as if made under path are legal effect as if made under pa	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			_ •	Addition	

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.