

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V47569**

1. Entity Name  
**INTEGRAL REALTY ADVISORS CORP.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90296 047 \*\*\*150.00

Principal Place of Business  
**9090 SOUTH DADELAND BLVD.  
SUITE 204  
MIAMI FL 33156  
US**

Mailing Address  
**9090 SOUTH DADELAND BLVD.  
SUITE 204  
MIAMI FL 33156  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
**SUITE 210**

3. Mailing Address  
Suite, Apt. #, etc.  
**SUITE 210**

City & State  
Zip Country

4. FEI Number **65-0344954**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

Name **CELESTINO PEÑA, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1000 BRICKELL AVE, SUITE 480**  
City **MIAMI** Zip Code **33131**

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

Signature, typed or printed name of registered agent and the filer applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**4-19-2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, JOSE</b>	
STREET ADDRESS	<b>9090 SOUTH DADELAND BLVD. SUITE 204</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>GLAS, RICARDO</b>	
STREET ADDRESS	<b>9090 SOUTH DADELAND BLVD. SUITE 204</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>PULENTA, LUIS</b>	
STREET ADDRESS	<b>9090 SOUTH DADELAND BLVD. SUITE 204</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RIGL, STEPHEN</b>	
STREET ADDRESS	<b>9130 S. DADELAND BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-2001**

Date

**305-670-1035**

Daytime Phone

CR2E034 (10/00)