

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90015 014 ***158.75

B0085216

DOCUMENT # G90301 1. Entity Name International Business Corporation						DO NOT WRITE IN THIS SPACE					
Principal Place of Business 100 S.E. 2nd Street Suite #2315-A Miami, FL 33131			Mailing Address 100 S.E. 2nd Street Suite #2315-A Miami, FL 33131								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.								
City & State			City & State								
Zip		Country		Zip		Country		4. FEI Number 59-2368053		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent IBC Fiduciary Inc. 100 S.E. 2nd Street Suite #2315-A Miami, FL 33131						7. Name and Address of New Registered Agent 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. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State				10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
11. OFFICERS AND DIRECTORS						12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE VPTD <input type="checkbox"/> Delete NAME Henning, U. STREET ADDRESS 100 S.E. 2nd St., #2315 CITY - ST - ZIP Miami, FL 33131						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE PDS <input type="checkbox"/> Delete NAME Smejda, L. STREET ADDRESS 444 Brickell Av, PMB 51-246 CITY - ST - ZIP Miami, FL 33131						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE AS-AT <input type="checkbox"/> Delete NAME Medina, D. STREET ADDRESS 100 S.E. 2nd St., #2315 CITY - ST - ZIP Miami, FL 33131						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE AS <input type="checkbox"/> Delete NAME LeCompte, J. STREET ADDRESS 100 S.E. 2nd St., #2315 CITY - ST - ZIP Miami, FL 33131						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE VP-AS <input type="checkbox"/> Delete NAME Dellavedova, A. STREET ADDRESS 100 S.E. 2nd St., #2315 CITY - ST - ZIP Miami, FL 33131						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:						D. Medina		4/25/00		305-358-9990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date		Daytime Phone #			