

03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000064975 1. Entity Name IBX GROUP, INC.	
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FILED

03 APR 15 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 350 NW 12TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 350 NW 12TH AVENUE Suite, Apt. #, etc.	
City & State DEERFIELD BEACH, FLORIDA		City & State DEERFIELD BEACH, FLORIDA	
Zip 33442	Country US	Zip 33442	Country US
4. FEI Number 65-0810941		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BLOOM, JONATHAN ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
2295 NW CORPORATE BLVD, SUITE 117
City **BOCA RATON** **FL** Zip Code **33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

4/2/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADELSTEIN, STEVEN (D) 350 NW 12TH AVENUE DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900016069399 04/15/03--01048--016 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BROVENICK EVAN (PD) 350 NW 12TH AVENUE DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BLECHMAN, DAVID (VSD) 350 NW 12TH AVENUE DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BROVENICK, ALVIN (D) 350 NW 12TH AVENUE DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	KANIUK, JEROLD (D) 350 NW 12TH AVENUE DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

5619983020

Daytime Phone #

CR2E034B (12/02)

21 4/16