

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90058 008 ***150.00

DOCUMENT # **P98000060440**

1. Entity Name
IFCE SERVICES, INC.



Principal Place of Business
**701 BRICKELL AVE.
SUITE 1270
MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE.
SUITE 1270
MIAMI FL 33131**



2. Principal Place of Business
230 Park Ave

3. Mailing Address
230 Park Ave

Suite, Apt. #, etc.
1000

Suite, Apt. #, etc.
1000

City & State
NEW YORK, NY

City & State
NEW YORK, NY

4. FEI Number **65-0861507**

Applied For
Not Applicable

Zip ~~10001~~ **10169** Country **USA**

Zip **10169** Country **USA**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HELLER, LAWRENCE R
2 S. BISCAYNE BLVD., SUITE 1570
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	AMENG-TORRES, LAZARA	701 BRICKELL AVE., SUITE 2620	MIAMI FL 33131	<input type="checkbox"/>
PD	BIOJONE, GILBERTO	701 BRICKELL AVE SUITE 1270	MIAMI FL 33131	<input type="checkbox"/>
VPD	ROSE, STOWE	701 BRICKELL AVE., SUITE 1270	MIAMI FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		230 Park Ave	STE 1000 NEW YORK, NY 10169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		230 Park Ave	STE 1000 NEW YORK, NY 10169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	THOMAS CLANEY	230 Park Ave	STE 1000 NEW YORK, NY 10169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/4/03** Daytime Phone # **212-309-8714**

CR2E034 (10/02)