## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P98000097034 Mar 04, 2000 8:00 am **Secretary of State** INTERNATIONAL STANDARD PLUS, INC. 03-04-2000 90032 013 \*\*\*150.00 Principal Place of Business Mailing Address 8220 N.W. 68TH ST. 8220 N.W. 68TH ST. MIAMI FL 33166-2759 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0898820 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAZA CARABALLO, VERONICA Street Address (P.O. Box Number is Not Acceptable) 8220 N.W. 68TH ST. MIAMI FL 33166 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete MENESCOL, DANIEL NAME NAME STREET ADDRESS 8220 N.W. 68TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33166** Addition Change ☐ Delete TITLE TITLE MAZA CARABALLO, VERONICA NAME NAME STREET ADDRESS STREET ADDRESS 8220 N.W. 68TH ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: View Co robolio i Verioni co Caraballo 2-28-00 305-4771009