2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State
07-14-2000 90004 019 ***150.00

DOCUMENT # P99000066495

1. Entity Name
INTERNATIONAL CURRENCY GROUP, INC.

R

Principal Place of Business	Mailing Address
3761 WEST HILLSBORO BLVD. SUITE 209 COCONUT CREEK FL 33073	3761 WEST HILLSBORO BLVD. SUITE 209 COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3761 W. Hillsboro BLVD	3761 W. Hillsboro BLVD
Suite, Apt. #, etc. C-209	Suite, Apt. #, etc. C-209
City & State Coconut Creek FL	City & State Coconut Creek FL
Zip 33073 Country BROWARD	Zip 33073 Country BROWARD

4. FEI Number 65-0936347 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEALL, DARRELL M
3761 WEST HILLSBORO BLVD.
SUITE 209
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name ANDREW MERLO, ESQ
Street Address (P.O. Box Number is Not Acceptable) 2101 Corporate BLVD N.W.
SUITE 325
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.

SIGNATURE [signature] 7/27/00
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, DARRELL M 3761 WEST HILLSBORO BLVD. SUITE 209 COCONUT CREEK FL 33073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED [signature] 7/05/00 954-453-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #