2002 UNIFORM BUSINESS REPORT (UBR)

_	2 UNIFOR	M BUSI	BR)	FILED May 08, 2002 8:00 am Secretary of State						
DOCUMENT # G90301 1. Entity Name INTERNATIONAL BUSINESS CORPORATION					Secretary of State					,
						05-08-2002 90				3
	•									
Principal Pla	ace of Business		Mailing Address							
100 SE 2NE SUITE 2315			100 SE 2ND STREET		Ì					
MIAMI FL 3			SUITE 2315-A Miami FL 33131) (88)(J) 88(S (8)() 88(88 (4)() 88(88				
2 Principal	Place of Business		0. 14.2							
			3. Mailing Address			E IMMERITA DRIN LOTES ORINN TESTI DRING	ILME BEREI DIRIT		[[8]]	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ate		City & State	· ,	4.	FEI Number 59-2368053		Ap	plied For]
Zip	Country		Zip	Country			√- \$8	No. 75 Add	t Applicable	-
	6. Name and Addre	ess of Current Re	gistered Agent	<u> </u>		Certificate of Status Desired Name and Address of New Reg	Fee	e Require		
	-			Name		Maine and Address of New Reg	listered Age	int		
IBC FIDUCIARY INC. 100 SE 2ND ST.				Street	Address (P.O. I	Box Number is Not Acceptable)				
SUITE 2					<u>-</u>					
MIAMI FL				City		71		7'- 0-1	_	
8. The above named entity submits this statement for the purpose of changing its regi							FL	Zip Code	 -	
o. The above	e named entity submits tr	is statement for tr	ne purpose of changing its	registered office	or registered ag	gent, or both, in the State of Floric	la.			ļ
SIGNATURE	Signature, typed or printed name	of registered agent and	title if applicable (NOTS	Denistered Anamasia				·		ı
9. This corp				Registered Agent sign		einstating)	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 \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
11.		FICERS AND DIF		12,	AC	DITIONS/CHANGES TO OFFICE	RS AND DIF	RECTORS	IN 11	_
TITLE NAME	VTD HENNING, U.		☐ Delete	TITLE NAME				Change	☐ Addition	(10/6)
STREET ADDRESS	100 SE 2ND STREE	Г 2315		STREET ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 33131			CITY-ST-ZIP	37 3 m 3					CR2E034
NAME	NUH; A		Delete	TITLE NAME	V-AT-A NUH, A		X	Change	☐ Addition	Ö
STREET ADDRESS CITY-ST-ZIP	-100 SE 2ND STREE MIAMI FL 33131	Г 2315		STREET ADDRESS		E. 2nd STREET,	#2315	5		
TITLE	PSD		Delete	CITY-ST-ZIP	MIAMI,	FL 33131				
NAME	SMEJDA, L.		L Delete	NAME			LJ	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	100 SE 2ND STREET MIAMI FL 33131	2315		STREET ADDRESS						
TITLE	ASAT		X Delete	CITY-ST-ZIP	AS-AT		·67	01	□ 1 2 2 2 2	
NAME	MEDINA, D		22 5000	NAME	BARBE		. jk. /	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1 00 SE 2ND STREE 1 MIAMI FL 33131	2315		STREET ADDRESS CITY-ST-ZIP	100 S	.E. 2nd STREET	, #231	L 5		•
TILE		-	☐ Delete	TITLE	MIAMI	-, FL_33131		Change	Addition	
iame Treet address				NAME			,	g=		
SITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
ITLE	-	-	☐ Delete	TITLE				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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

A. NUH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

(305) 358-9990

Daytime Phone #