

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91544 009 \*\*\*150.00

**DOCUMENT # 548274**

1. Entity Name  
**INTERNATIONAL APPLIED CONCEPTS, INC.**

Principal Place of Business

**4250 E 4TH AVE  
 HIALEAH FL 33013**

Mailing Address

**36 ISLAND AVENUE  
 STE 44  
 MIAMI BEACH FL 33139  
 US**

2. Principal Place of Business

**818 CONREID DR, N.E.**

Suite, Apt. #, etc.

3. Mailing Address

**818 CONREID DR, N.E.**

Suite, Apt. #, etc.

City & State

**PORT CHARLOTTE, FL**

City & State

**PORT CHARLOTTE, FL**

Zip

Country

**33952 USA**

Zip

Country

**33952 USA**

4. FEI Number

**59-1773980**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**VALDES, REYNALDO  
 36 ISLAND AVENUE, #44  
 HIALEAH, FL  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **REYNALDO VALDES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**818 CONREID DR, N.E.**  
 City **PORT CHARLOTTE FL** Zip Code **33952**

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, 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE **D** ☒ Delete  
 NAME **STEWART, DR B B**  
 STREET ADDRESS **7510 SW 47TH COURT**  
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **PD** ☒ Delete  
 NAME **VALDES, REYNALDO**  
 STREET ADDRESS **36 ISLAND AVE #44**  
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☒ Addition  
 NAME **MICHELLE VALDES HAWKES**  
 STREET ADDRESS **1146 NORTH EDGEFIELD AVE.**  
 CITY-ST-ZIP **DALLAS, TX 75208**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **VALDES REYNALDO**  
 STREET ADDRESS **818 CONREID DR, N.E.**  
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **Reynaldo Valdes** **REYNALDO VALDES** **4-18-02 9412350694**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)