

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90002 034 \*\*\*150.00

**DOCUMENT # 616541**

1. Entity Name  
**I.B.S. FLEA MARKETS, INC.**

Principal Place of Business  
**5400 S UNIVERSITY DRIVE  
STE 302  
DAVIE FL 33328  
US**

Mailing Address  
**5400 S UNIVERSITY DRIVE  
STE 302  
DAVIE FL 33328  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1907123</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FREEDMAN, STEVEN J</b> <b>5400 S UNIVERSITY DRIVE</b> <b>STE 203</b> <b>DAVIE FL 33328</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FREEDMAN, STEVEN J.</b> <b>10121 N.W. 10TH ST.</b> <b>PLANTATION FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FREEDMAN, MIRIAM</b> <b>2125 NE 204TH ST.</b> <b>N. MIAMI BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MIRIAM FREEDMAN</b> <b>7872 EXETER BLVD. EAST</b> <b>TAMARAC, FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FREEDMAN, BRUCE</b> <b>190 N.E. 199TH ST #204</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: STEVEN J. FREEDMAN 1/8/01 (954) 252-5652

CR2E034 (9/01)