

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 664839**

1. Entity Name

**INTERNATIONAL PROGRAM CONSULTANTS INC.****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90134 011 \*\*\*150.00

Principal Place of Business

~~52 EAST END AVENUE~~  
~~NEW YORK NY 10028~~

Mailing Address

52 EAST END AVENUE  
NEW YORK NY 10028**610990**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2000 ISLAND BLVD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1009;

City &amp; State

**AVENTURA FLA**4. FEI Number **59-2052083**

Applied For

Not Applicable

Zip **33160-4960**Country **USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PCD		<input type="checkbox"/> Delete		KAGAN, RUSSELL J	2000 ISLAND BLVD #1009	AVENTURA, FL 33160-4960
	KAGAN, RUSSELL J	52 EAST END AVENUE	NEW YORK NY 10028				
	SD		<input type="checkbox"/> Delete				
	KAGAN, SEYMOUR N	2000 ISLAND BLVD #1009	AVENTURA FL 33160-4960				
	VTD		<input type="checkbox"/> Delete				
	KAGAN, MILDRED	2000 ISLAND AVE	AVENTURA FL 33160-4960				
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RUSSELL KAGAN 1-15-01 305-936-1009**

CR2E034 (10/00)