

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F66471**

1. Entity Name

INTERNATIONAL PLACEMENT SERVICE, INC.

Principal Place of Business

**12300 BISCAYNE BLVD.
MIAMI FL 33181**

Mailing Address

**110 N.W. 154 ST.
MIAMI FL 33169**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**PRASAD, DINESH P
110 NW 154 ST
MIAMI FL 33169**

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.

DINESH PRASAD

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/019. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PST PRASAD, DINESH	110 NW 154TH ST.	MIAMI FL 33169	<input type="checkbox"/>

	V STOUFFEL, ALAN	110 NW 154 ST	MIAMI FL 33169	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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

DINESH PRASAD PALIWAL

Date

4/15/01**305-891-6732****FILED
May 10, 2001 8:00 am
Secretary of State**

05-10-2001 90093 005 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2270147**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**