

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90158 007 ***150.00

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
110 NW 154 ST.

3. Mailing Address

Suite, Apt. #, etc.
MIAMI

Suite, Apt. #, etc.

City & State
MIAMI

City & State

4. FEI Number
59-2270147

Applied For
 Not Applicable

Zip
33169 Country
U.S.A.

Zip
33169 Country

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

6. Name and Address of Current Registered Agent

PRASAD, DINESH P
110 NW 154 ST
MIAMI FL 33169
HARSHABARDHAN, VASHISTH
110 NW 154 ST.
MIAMI, FL. 33169

7. Name and Address of New Registered Agent

Name
HARSHABARDHAN VASHISTH
 Street Address (P.O. Box Number is Not Acceptable)
110 NW 154 ST.
MIAMI
 City
MIAMI FL Zip Code
33169

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]* **HARSHABARDHAN VASHISTH** 4/2/02
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PST
PRASAD, DINESH
110 NW 154TH ST.
MIAMI FL 33169

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DINESH PRASAD 305-725-8686

Date

Daytime Phone #

CR2E034 (9/01)