## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State **DOCUMENT # F89519** 1. Entity Name 05-18-2001 90018 004 \*\*\*150.00 INTERNATIONAL BENEFIT CONSULTANT CORPORATION Principal Place of Business Mailing Address 372 GOLFVIEW ROAD 372 GOLFVIEW ROAD #102C #102C NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 US HS 2. Principal Place of Business 3. Mailing Address <u>1010 ASPRI WAY</u> 1010 ASPRI WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2237747 PALM BEACH GARDENS, FL Not Applicable PALM BEACH GARDBUS Country \$8.75 Additional 5. Certificate of Status Desired 33418 US A Fee Required 33418 USA 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent-SOWERWINE, ROBERT W. Street Address (P.O. Box Number is Not Acceptable) 372 GOLFVIEW ROAD #102C NORTH PALM BEACH FL 33408 Zip Code 33418 PALM BEACH GARDENS 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P/D ;R2E034 (10/00) ☐ Delete TITI E SOWERWINE, ROBERT W NAME NAME 1010 ASPRI WAY 372 GOLFVIEW ROAD, #102C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-7IP PALM BEACH GARDENS, FL 33418 ☐ Addition ☐ Defete TITLE TITLE SOWERWINE, DORIS J. NAME NAME 1010 ASPRI WAY 372 GOLFVIEW ROAD, #102C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL. CITY-ST-ZiP NORTH PALM BEACH FL 33408 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 60. 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: / SOPT W SOWER WAS OF SIGNING OFFICER OR DIRECTOR

Oresident so

561-848-5013

Daytime Phone #