

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004532

1. Entity Name
INTERNATIONAL AMERICAN MANAGEMENT COMPANY

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90109 038 ***150.00

Principal Place of Business
1415 FOULK ROAD, STE 202
FOULKSTONE PLAZA
WILMINGTON DE 19803
US

Mailing Address
1415 FOULK ROAD, STE 202
FOULKSTONE PLAZA
WILMINGTON DE 19803
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3501 Silverside Road
Suite, Apt. #, etc.
203 Naamans Building
City & State
Wilmington, DE
Zip
19810
Country
New Castle

3. Mailing Address
3501 Silverside Road
Suite, Apt. #, etc.
203 Naamans Building
City & State
Wilmington, DE
Zip
19810
Country
New Castle

4. FEI Number 51-0376785
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIS, MORGAN W 1415 FOULK RD STE 202 WILMINGTON DE 19803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SCULLY, CAROLYN 1415 FOULK RD 202 WILMINGTON DE 19803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUSSEF, SHAKER A 1415 FOULK RD #200 WILMINGTON DE 19803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PETRILLIS, LUANN M 1415 FOULK RD STE 202 WILMINGTON DE 19803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAULIEU, 1415 FOULK RD STE 202 WILMINGTON DE 19803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	3501 Silverside Road, 203 Naamans Bldg. Wilmington, Delaware 19810	
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: Shaker A. Youssef 1/12/01 302/479-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shaker A. Youssef - President Date Daytime Phone #

CR2E034 (10/00)