

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90024 020 ***158.75

0377014 AV

DOCUMENT # F96000005380

1. Entity Name
INTERNATIONAL RIDES MANAGEMENT, LTD., INC. OF FL
ORIDA

Principal Place of Business Mailing Address
~~7300 W CAMINO REAL #215~~ ~~7300 W CAMINO REAL #215~~
~~BOCA RATON FL 33433~~ ~~BOCA RATON FL 33433~~

5030 Champion Blvd G-6 #228 | **same**
Boca Raton FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **5030 Champion Blvd**

3. Mailing Address **5030 Champion Blvd**

Suite, Apt. #, etc.
G-6 #228

Suite, Apt. #, etc.
G-6 #228

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **93-1129622**

Applied For
☐ Not Applicable

Zip Country
33496 **33496**

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

ZWICKAU, B PETER

~~7300 W CAMINO REAL #215~~ **5030 Champion Blvd**
~~BOCA RATON FL 33433~~ **G-6 #228**

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

2-8-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **ZWICKAU, BERND-PETER**
STREET ADDRESS ~~7300 W CAMINO REAL #215~~
CITY-ST-ZIP ~~BOCA RATON FL 33433~~

TITLE ☐ Change ☐ Addition
NAME **5030 Champion Blvd G-6 #228**
STREET ADDRESS **Boca Raton, FL 33496**
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **PALMER, JAMES C**
STREET ADDRESS **3880 STRATFORD CT**
CITY-ST-ZIP **PLEASANTON CA 94588**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 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 #

2-8-02

561-499-8911

CR2E034 (9/01)