

01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002554

Name
INTERNATIONAL AUCTIONEERS, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90060 050 ***150.00

Principal Place of Business Mailing Address
WACKER DR., #4511 233 E. WACKER DR., #4511
CHICAGO IL 60601 CHICAGO IL 60601

Principal Place of Business 3. Mailing Address

te, Apt. #, etc. Suite, Apt. #, etc.

SAME AS ABOVE

City & State

City & State

4. FEI Number **36-4103809**

Applied For
Not Applicable

Zip Country Zip Country

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

POLLAK, FRED R
6503-1 BAY CLUB DR., BLDG 19
FORT LAUDERDALE FL 33308

Name

SAME

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 re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME PCD
STREET ADDRESS HANAHAN, PHILIP G
CITY-ST-ZIP 233 E WACKER DR., #4511
CHICAGO IL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME VSD
STREET ADDRESS POLLAK, FRED R
CITY-ST-ZIP 6501-1 BAY CLUB DRIVE BLDG 19
FT LAUDERDALE FL

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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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (10/00)