

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006147

1. Entity Name  
IPAXS CORPORATION

Principal Place of Business  
6301 BENJAMIN ROAD, SUITE 101  
TAMPA FL 33634

Mailing Address  
6301 BENJAMIN ROAD, SUITE 101  
TAMPA FL 33634

2. Principal Place of Business

5802 Benjamin Center Dr.  
Suite, Apt. #, etc.  
Suite 105  
City & State  
Tampa FL  
Zip  
33634  
Country  
USA

3. Mailing Address

5802 Benjamin Center Dr.  
Suite, Apt. #, etc.  
Suite 105  
City & State  
Tampa FL  
Zip  
33634  
Country  
USA

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90055 021 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3462851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERNS, RANDY K  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	DPS MOHSEN, BEHNAM 6301 BENJAMIN ROAD, SUITE 101 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SLEDGE, LAWRENCE G 6301 BENJAMIN ROAD, SUITE 101 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZAMBRANO, RAFAEL 6301 BENJAMIN ROAD, SUITE 101 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RACHID, HAYSAM 6301 BENJAMIN ROAD, SUITE 101 TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOHERTY, MICHAEL 6301 BENJAMIN ROAD TAMPA FL 33634	<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	Chief Executive Officer Ghassan Matou 5802 Benjamin Center Dr. Suite 105 Tampa, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer Malissa Anderson 5802 Benjamin Center Dr. Suite 105 Tampa, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5802 Benjamin Center Dr. Suite 105 Tampa, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5802 Benjamin Center Dr. Suite 105 Tampa, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-01

Date

813-901-1400

Daytime Phone #

CH2E034 (5/01)