_2000	UNIFORM BUSI	<b>NESS REPO</b>	RT	(UBI	R)	API-AC	n ela			
DOCUMENT # J35744  1. Entity Name										
INTERNATIONAL SHOPPES, INC.						01 MAY 23 PH 4: 15				
Principal Place of Business 411 N DONNELLY ST SUITE 102 MOUNT DORA, FL 32757  Mailing Address 2210 MCHASEE SUITE 102 MOUNT DORA, 32757						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business     3. Mailing Address     411 N DONNEL			TTV	C Th						
Suite, Apt.	#, etc.	Suite, Apt. #, etc. SUITE 102			DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State MOUNT DORA, FL				4. FEI Number Applied For 59 – 2717854 Not Applied by Applied For Not Applicable				
Zip	Country	Zip 32757	Count	try		5. Certificate of Status Desired		\$8.75 / Fee Requ	Not Applic Additional	able
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
	ZASKI			Name DAW	N 7.A	SKI	1			
2210 MOUN		Street A 230	et Address (P.O. Box Number is Not Acceptable) 300 PARK FORESPURFYP143424151							
8. The above	named entity submits this statement for	the purpose of changing its	registere				da .			
SIGNATURE	DAWN ZASKI,	6 21-			Ť			<i>a.</i>		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signat	ure required	when reinstating)	DATE	24-0		,
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee	will be \$4	550.00	10. Election Campaign Fina Trust Fund Contribution.	~		5.00 May lided to Fees	
11. ≠⊾	OFFICERS AND	DIRECTORS	12.		445.446.44	ADDITIONS/CHANGES TO OFFIC	ERS A	ND DIRECTO	ORS IN 11	-
TITLE- K	D	☐ Delete	TITLE				"	<b>⊠</b> Chang	ge 🔲 Add	dition g
NAME STREET ADDRESS CITY-ST-ZIP	R J ZASKI 2210 CHASE CT MOUNT DORA, FL 32757			ET ADDRESS - ST - ZIP	2300 PARK FOREST BLVD MOUNT DORA, FL 32757					dition dition
NAME STREET ADDRESS	P JANELL MORINO		TITLE		JANELL MARINO			<b>⊠</b> Chang	ge 🗌 Add	dition
CHY-ST-ZIP	JACKSONVILLE, FL 32257			et address · St - Zip 						
HTLE HAME .	VP   GREG ZASKI	☐ Delete	TITLE			201.25	- A-	Chang	ge 🗌 Add	dition
STREET ADDRESS	1503 BAYSHORE BLY	7D	NAME	ET ADDRESS		10.00=	AP	N Down		10
CHTY - ST - ZIP	INDIAN ROCKS BEAC		CITY-	ST-ZIP		3 <b>000</b> 000000000000000000000000000000000	34	241	9	·2
TITLE	ST	☐ Delete	TITLE					01094		_
NAME STREET ADDRESS	LISA GERSHONY		NAME			*************************************	W	)[) ***	*300.0	)()
CHTY-ST-ZIP	3131 ROUNDHILL RO ALAMO, CA 94507	OAD		T ADORESS ST-ZIP						
TITLE	D DAVIN GAGET	☐ Delete	TITLE					K Chang	e 🗌 Add	fition
NAME STREET ADDRESS	DAWN ZASKI 2210 CHASE CT		NAME	T ADDRESS	230	O PARK FOREST BL	WD.			ŀ
CITY - ST-ZIP	MOUNT DORA, FL 32	75 <b>7</b>		ST-ZIP		NT DORA, FL 327				
PISCE		☐ Delete	TITLE			, , , , , , , , , , , , , , , , , , , ,	<del></del>	☐ Change	e	lition
NAME			NAME							
STREET ADDRESS Site ST-ZIP				T ADDRESS ST-ZIP			m	$\omega$		
13. Thereby c	ertify that the information supplied with t	his filing does not qualify for	the exem	notion state	ed in Sec	tion 119.07(3)(i). Florida Statutes + fi	irther o	ertify that the	e informatio	<del></del>
of the corp	on this report or supplemental report is to poration or the receiver or trustee empore or on an attachment with an address, w	rue and accurate and that mi vered to execute this report a	v simnati	iro chall ha	nia tha c	ema lagal officet on if made under ear	h	1 H:-		

SIGNATURE: DAWN ZASKI X Selection for SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-24-01 (353)735-6555

Date Obstime Prone #