

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90022 012 ***158.75

DOCUMENT # K02144

1. Entity Name
IBIZA PHASE II, INC.

Principal Place of Business
~~245 SE 10TH AVE.~~
POMPAÑO BEACH FL 33060

Mailing Address
~~245 SE 10TH AVE.~~
POMPAÑO BEACH FL 33060

004809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 S.E. 5th Court
 Suite, Apt. #, etc.

3. Mailing Address
800 S.E. 5th Court
 Suite, Apt. #, etc.

City & State
Pompano Beach FL
Zip **33060** **Country** **USA**

4. FEI Number **65-0024309** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

STARY, ROGER
~~245 SE 10TH AVE.~~
POMPAÑO BEACH FL 33060

7. Name and Address of New Registered Agent

Name **Roger Stary**
Street Address (P.O. Box Number is Not Acceptable)
800 S.E. 5th Court
City **Pompano Beach FL** **Zip Code** **33060**

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 *Roger Stary*
 Signature, typed or printed name of registered agent and title, if applicable.

Roger Stary
 (NOTE: Registered Agent signature required when reinstating)

1/6/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DPVT	<input type="checkbox"/> Delete
NAME	STARY, ROGER R.	
STREET ADDRESS	245 S.E. 10TH AVE.	
CITY-ST-ZIP	POMPAÑO BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Roger R Stary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 854-782-0810

CR2E034 (9/01)