

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K31903

1. Entity Name

IBEX FINANCIAL CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90943 015 ***150.00

Principal Place of Business

2333 PONCE DE LEON BLVD.
 SUITE 650
 CORAL GABLES FL 33134
 US

Mailing Address

2333 PONCE DE LEON BLVD.
 SUITE 650
 CORAL GABLES FL 33134-5418
 US

2. Principal Place of Business

169 Miracle Mile
 Suite, Apt. #, etc.
 Suite 210

3. Mailing Address

169 Miracle Mile
 Suite, Apt. #, etc.
 Suite 210

City & State

Coral Gables, FL
 Zip
 33134
 Country
 USA

City & State

Coral Gables, FL
 Zip
 33134
 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0112941

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GUTTMAN, RICHARD
 100 SE 2ND ST
 STE 400
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
 Ignacio G. Del Valle
 Street Address (P.O. Box Number is Not Acceptable)
 100 SE 2nd Street
 Suite 400
 City
 Miami
 FL
 Zip Code
 33131

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 Ignacio G. Del Valle 4/27/2000
 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 \$150.00
After MAY 1, 2000 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

TITLE	VTD	<input type="checkbox"/> Delete
NAME	BLANCO, FRANCISO, JR.	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	ROSADO, JOSE F.	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #650	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	169 Miracle Mile, Suite 210
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	169 Miracle Mile, Suite 210
CITY-ST-ZIP	Coral Gables, FL 33134
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 305-447-8627
 Date Daytime Phone #

CR2E034 (9/99)