

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90093 008 \*\*\*150.00

**DOCUMENT # K46461**

1. Entity Name  
**INTERAMERICAN BENEFIT CORPORATION**

Principal Place of Business

15711 S.W. 46 ST.  
 MIAMI FL 33185  
 US

Mailing Address

15711 SW 46 ST  
 MIAMI FL 33185  
 US

**D0036496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0078408**

Applied For  
 Not Applicable

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

**RIBADEO, MANNY**  
**561 WEST 39 STREET**  
**HIALEAH FL 33012**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>RIBADEO, MANNY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>15711 SW 46 STREET</b>		
	<b>MIAMI FL</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Manny Ribadeo (Pro)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 (305) 519-8899  
Date Daytime Phone #

CR2E034 (10/00)