

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 03, 2002 8:00 am
Secretary of State

03-03-2002 90124 039 ***150.00

DOCUMENT # K59147

1. Entity Name

CONCEPT IE INTERNATIONAL, INC.

Principal Place of Business

2665 S. BAYSHORE DR.

SUITE #803

MIAMI FL 33133

US

Mailing Address

2665 S. BAYSHORE DR.

SUITE #803

MIAMI FL 33133

US

*2655 Le Teva
 Condo 803, FLA 33133*



2. Principal Pte of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0148623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLANDER, S. SAMUEL

2665 S BAYSHORE DR

SUITE #803

MIAMI FL 33133

SUITE 803

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 \$150.00

After May 1, 2002 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

TITLE ☐ Delete

NAME **HOLLANDER, S. SAMUEL**
 STREET ADDRESS **2665 S. BAYSHORE DR., SUITE 803**
 CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:

(X) SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

3/25/02

CR2E034 (9/01)