

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90048 050 ***158.75

DOCUMENT # K64108

1. Entity Name

INTERNATIONAL PLANNING & RESEARCH, INC.

Principal Place of Business

~~2058 ROUTE 90
COLD SPRING NY 10516
US~~

Mailing Address

~~2058 ROUTE 90
84 MORRIS AVE
COLD SPRING NY 10516
US~~

2. Principal Place of Business

527 THIRD AVE

3. Mailing Address

527 THIRD AVENUE

Suite, Apt. #, etc.

SUITE 199

Suite, Apt. #, etc.

SUITE 199

City & State

NEW YORK NY

City & State

NEW YORK NY

Zip

10016

Country

USA

Zip

10016

Country

USA

4. FEI Number

65-0176980

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

**CORBETT DANIEL
LOGGERHEAD PLAZA
14253 US HWY ONE
JUN BEACH FL 33408**

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, 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

TITLE **P** ☐ Delete
 NAME **JERENY ALLEN C**
 STREET ADDRESS **PO BOX 374**
 CITY-ST-ZIP **527 THIRD AVENUE SUITE 199 COLD SPRING NY 33408 NEW YORK NY 10016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. C ALLEN

Date

4/23/01

Daytime Phone #

917 991 9047

CR2E034 (10/00)