

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K64108**

1. Entity Name  
**INTERNATIONAL PLANNING & RESEARCH, INC.**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90735 001 \*\*\*150.00  
04-10-2002 90735 002 \*\*\*\*\*8.75

Principal Place of Business  
**527 THIRD AVE  
STE 199  
NEW YORK NY 10016  
US**

Mailing Address  
**527 THIRD AVE  
STE 199  
NEW YORK NY 10016  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**245 EAST 44TH ST  
SUITE 27F  
NEW YORK NY**

3. Mailing Address  
**245 EAST 44TH STREET  
SUITE 27F  
NEW YORK NY**

4. FEI Number **65-0176980**

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

6. Name and Address of Current Registered Agent  
**CORBETT DANIEL  
LOGGERHEAD PLAZA  
14253 US HWY ONE  
JUN BEACH FL 33408**

7. Name and Address of New Registered Agent  
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 **J. C. Allen** DATE **4/3/02**  
(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, 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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JEREMY ALLEN C</b>		NAME		
STREET ADDRESS	<b>527 THIRD AVENUE STE 199</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10016</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **J. C. Allen** DATE **4/3/02** DAYTIME PHONE # **917 991 9047**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000299 AV

CR2E034 (9/01)