2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State **DOCUMENT # K79479** 1. Entity Name INTERNATIONAL PETROLEUM SERVICES, INC. 04-05-2000 90079 001 ***150.00 Principal Place of Business Mailing Address XANK TEST WEST XVOX C/O DAVID P LIN x 2622×WEST WAY XINE BANK NAME OF THE PROPERTY BINIERA BENERIX BANKARA US 8295 N. MILITARY TRAIL 8295 N. MILITARY TRAIL US PALM BCH GARD. FL 33410 PALM BEACH GARDENS, FL 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0108824 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIM, DAVID P Street Address (P.O. Box Number is Not Acceptable) **RESONATESTANA** 8295 N. MILITARY TRAIL RIMERA BEACH EK 23404 PALM BCH GARDENS FLORIDA 33410 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE LIM, DAVID P NAME NAME 8295 N. MILITARY TRAIL STREET ADDRESS 2628 WEST WAY STREET ADDRESS **1 ()**TY-ST-ZIP RIMERAR REACHERIX 33444 PALM BCH GARD, FL 334 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition -- Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE 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 tryistee appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received changed, or on an attachment w

SIGNATURE:

DAVIDER LIMA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR APRIL 01, 2000

(561)630-3088