

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009010

1. Entity Name  
IBTC, (L.L.C.)

FILED

00 SEP 29 PM 1:57

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1921 SW 24 AVENUE  
MIAMI FL 33145

Mailing Address  
1921 SW 24 AVENUE  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

1621 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214

City & State

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33139

USA

4. FEI Number

65-1010275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMEIDA, REBECA C  
7600 WEST 20TH AVENUE, SUITE 222  
HIALEAH FL 33016

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SOTO, ALBERT M  
1921 SW 24 AVENUE  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8000003415778--6  
-10/05/00--01114--014  
\*\*\*\*150.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ALBERT M SOTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9-26-00

305-695-8024

Date

Daytime Phone #

CP2E083 (5/00)