

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M37599

1. Entity Name

I.F.I. CORPORATION

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90039 045 ***150.00

Principal Place of Business

Mailing Address

1 N.E. 1 ST.
METRO MALL #33
MIAMI FL 33132

21441 HIGHLAND LAKES BLVD
N MIAMI BEACH FL 33179-1660
US

00014000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2708793

Applied For

Not Applied For

Zip

Country

Zip

Country

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

GROSSMAN, ISAAC
1 N.E. 1 ST.
METRO MALL #33
MIAMI FL 33132

ROSITA GROSSMAN

Name ROSITA GROSSMAN
Street Address (P.O. Box Number is Not Acceptable)
21441 HIGHLAND LAKE BLVD
N MIAMI BEACH FL 33179
City FL Zip Code 33179

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
GROSSMAN, ISAAC
1 N.E. 1 ST., METRO MALL
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
GROSSMAN, ROSITA
21441 HIGHLAND LAKES BLVD
N MIAMI BEACH FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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BEHAR, BRENDA
21441 HIGHLAND LAKE BLVD
N MIAMI BEACH FL 33179

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CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #