

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90091 048 ***150.00

DOCUMENT # M54785

1. Entity Name

IGI INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

126 E. 9th Court

Suite, Apt. #, etc.

3. Mailing Address

126 E. 9th Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, Florida

City & State

Hialeah, Florida

4. FEI Number

59-2845283

Applied For

Not Applicable

Zip

33010

Country

Miami-Dade

Zip

33010

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lamont & Neiman, P.A.

Street Address (P.O. Box Number is Not Acceptable)

One Biscayne Tower, Suite 3550

Two South Biscayne Boulevard

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PD

NAME

JOSEPH M. THOMAS

STREET ADDRESS

126 E. 9th Court

CITY-ST-ZIP

Hialeah, Florida 33010

TITLE

CD

NAME

DIANA N. THOMAS

STREET ADDRESS

126 E. 9th Court

CITY-ST-ZIP

Hialeah, Florida 33010

TITLE

D

NAME

CAROL SOLOMON

STREET ADDRESS

1750 Charles St. (Apt. 316)

CITY-ST-ZIP

New Orleans, LA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Thomas, President

✓ 1-28-03

Date

305-888-5532

Daytime Phone #

CR2E034B (12/02)