2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M59803 **DOCUMENT #**

1. Entity Name

I B INTERNATIONAL CORP.



FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90111 028 ***150.00

				'						
Principal Pla 831 NW 21 MIAMI FL 33 DA	•	831	Mailing Address 831 NW 21 ST. MIAMI FL 33127-4625 DA				I JERISAN JAK BIND SAJAK MINY BA		1 212 11 01011 018	H Broth Bhoh i And
2. Principal	Place of Business		3. Mailing Address			-				
Suite, Apt			Suite, Apt. #, etc.			-	☐ CHECK HERE	 IF MAKIN	-~ IG CHANGE	:S
City & Sta	ate	Cit	City & State			4. FEI Number 65-0008764 Applied For				
Zip Country		Zip	Zip Coun			5. Certificate of Status Des			\$8.75 A	
	6. Name and Address	s of Current Register	Registered Agent			Fee Required 7. Name and Address of New Registered Agent				
				- 	Name	7. 14	allie and Address of New H	egistered	Agent	
BEN-HAII	n, frida									
831 N W	21 ST		Street Address			(P.O. Box Number is Not Acceptable)				
Miami fl	. 33142						·			
				-	City		-	FI	Zip Co	de
8. The above	e named entity submits this	statement for the purp	pose of changing its	registered o	office or registere	ed age	nt, or both, in the State of Flor	rida. Lam	 I familiar with	and accept
the obliga	tions of registered agent.				_	_				, and accept
SIGNATURE		٠								
Old Wilgins	Signature, typed or printed name of	registered agent and title if ap	plicable. (NOTE	E: Registered Ag	ent signature required	when rein	nstating)	DATE		
	ILE NOW!!! FEE IS \$	150.00				1				
	r May 1, 2003 Fee will b						9Election Campaign Fina	ancing-	\$5.	00 мау Ве
	k Payable to Florida Dep						Trust Fund Contribution	. I		ed to Fees
10.		ICERS AND DIRECTO	DRS	11.			NETICALO COLLANDES TO DESC	0500		
TITLE	PD	JOE TO TO TO DITTE OF TO	Delete		<u> </u>	ADL	OITIONS/CHANGES TO OFFIC	CERS AN		
NAME	BEN-HAIN, FRIDA		_ Delete	NAME				*	☐ Change	☐ Addition
STREET ADDRESS	831 N W 21 ST.			STREET AD	ODRESS					
CITY-ST-ZIP	MIAMI FL 33127-4625			CITY-ST-	l l					
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NAME			L Boice	NAME	ļ ·		4.	•	☐ Change	☐ Addition
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CITY-ST-ZIP				CITY-ST-2	ZIP					
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TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME Street Address				NAME					-	
CITY-ST-ZIP				STREET ADI	I					ļ
				CITY-ST-Z	IF .		-			
ritle Name			☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS			:	NAME						
CITY-ST-ZIP	4			STREET ADD						
	ortify that the information	<u> </u>	77 - 1 - 2	CITY-ST-ZI		_				
indicated of the corp changed,	erony that the information stoon this report or supplemen poration or the receiver or troor on an attachment with a	ipplied with this filing ital report is true and a ustee empowered to a diddless, with all other	does not qualify for t accurate and that my execute this report a er_like empowered	tne exemption y signature s s required b	on stated in Sect shall have the sa by Chapter 607, F	ion 119 me leg Florida	9.07(3)(i), Florida Statūtes. I fi pal effect as if made under oat Statutes; and that my name a	urther cer th; that I a appears in	tify that the ir ım an officer ı Block 10 or	nformation or director Block 11 if
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERIDA BEN-HAIN

02-14-03

Date

305-545-0501

Daytime Phone #