

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90027 004 ****70.00

DOCUMENT # N02000009727

1. Entity Name

INSTITUTE FOR RESEARCH MIDDLE EASTERN POLICY,
INC.



Principal Place of Business

300 GALEN DRIVE STE 405
KEY BISCAYNE FL 33149

Mailing Address

P.O. BOX 310026
MIAMI FL 33231-0026

54023447



MOORE CR2E037 (11/03)

2. Principal Place of Business

1030 15TH ST NW

Suite, Apt. #, etc.

920

3. Mailing Address

PO Box 32041

Suite, Apt. #, etc.

City & State

WASHINGTON DC

City & State

WASHINGTON DC

Zip

20007

Country

US

Zip

20007

Country

US

4. FEI Number

81-0586523

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PCOB
NAME SMITH, GRANT ☐ Delete
STREET ADDRESS PO BOX 310026
CITY-ST-ZIP MIAMI FL 33231-0026

TITLE VCHR
NAME SEFAIR, JUAN ☐ Delete
STREET ADDRESS PO BOX 310026
CITY-ST-ZIP MIAMI FL 33231-0026

TITLE D
NAME ZABALA, JUAN ☐ Delete
STREET ADDRESS PO BOX 310026
CITY-ST-ZIP MIAMI FL 33231-0026

TITLE D
NAME WILMSEN, DAVID ☐ Delete
STREET ADDRESS P.O. BOX 32041
CITY-ST-ZIP WASHINGTON DC 20007

TITLE D
NAME LE GASSICK, TREVOR ☐ Delete
STREET ADDRESS P.O. BOX 32041
CITY-ST-ZIP WASHINGTON DC 20007

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCOB ☒ Change ☐ Addition
NAME SMITH, GRANT
STREET ADDRESS PO BOX 32041
CITY-ST-ZIP WASHINGTON, DC 20007

TITLE VCHR ☒ Change ☐ Addition
NAME SEFAIR, JUAN
STREET ADDRESS PO BOX 32041
CITY-ST-ZIP WASHINGTON, DC 20007

TITLE D ☒ Change ☐ Addition
NAME ZABALA, JUAN
STREET ADDRESS PO BOX 32041
CITY-ST-ZIP WASHINGTON, DC 20007

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Grant Smith GRANT SMITH

3/24/2004 202-342-7325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #