FILED
Jul 15, 2004 8:00 am
Secretary of State
06-18-2004 90004 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03000000422

1. Entity Name
INTERNATIONAL AUTISM RESOURCE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

66429955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4890 SW 182 TERRACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33166 Country: U.S.A.	Zip Country

4. FEI Number: 65-1217998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MONA NASSER

Street Address (P.O. Box Number is Not Acceptable): 4890 SW 182 Terrace

City: Ft. Lauderdale FL Zip Code: 33166

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (Registered Agent's signature required when changing)

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: DP NAME: Mona Nasser STREET ADDRESS: 4890 SW 182 Terrace CITY-ST-ZIP: Ft. Laud., FL 33166	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DV NAME: Moustafa M. Nasser STREET ADDRESS: 4890 SW 182 Terrace CITY-ST-ZIP: Ft. Laud., FL 33166	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DT NAME: Luisa M. Bravo STREET ADDRESS: 13205 SW 137 Ave., Ste 223 CITY-ST-ZIP: Miami, FL 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
TITLE: DS NAME: Fouad Alli STREET ADDRESS: 1512 Spring Side Drive CITY-ST-ZIP: Weston, FL 33326	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **IN THIS SPACE**
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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: _____ 6/11/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 66429955

JOEL SANDERS & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1535 NORTH PARK DRIVE
SUITE 103
WESTON, FLORIDA 33326

TEL: (954) 385-9290
FACSIMILE: (954) 385-9284
EMAIL: jscpa1@msn.com

MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

MEMBER: FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

June 8, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: International Autism Resource Foundation, Inc.
Document #: N03000000422

Gentlemen:

I am the accountant for the above referenced taxpayer. Enclosed please find a check, in the amount of $ 150.00, for the 2004 Uniform Business Report.

Be advised that the taxpayer never received the original notification.

If there are any questions regarding this matter please feel free to contact me.

Very truly yours,

Joel Sanders, CPA

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