

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 # <i>N03000000422</i>			
1. Entity Name <i>INTERNATIONAL AUTISM RESOURCE FOUNDATION, INC.</i>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <i>4890 SW 182 TERRACE</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Ft. Lauderdale, FL</i>		City & State	
Zip <i>33166</i>	Country <i>U.S.A.</i>	Zip	Country
4. FEI Number <i>65-1217998</i>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <i>Mona Nasser</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>4890 SW 182 Terrace</i>			
City <i>Ft. Lauderdale</i>		FL	Zip Code <i>33166</i>
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 _____			
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 <i>DP</i> NAME <i>Mona Nasser</i> STREET ADDRESS <i>4890 SW 182 TERRACE</i> CITY-STATE-ZIP <i>Ft. Laud., FL 33166</i>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <i>DV</i> NAME <i>MOUSTAFA H. NASSER</i> STREET ADDRESS <i>4890 SW 182 TERRACE</i> CITY-STATE-ZIP <i>Ft. Laud., FL 33166</i>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <i>DT</i> NAME <i>Luisa M. Bravo</i> STREET ADDRESS <i>13205 SW 137 Ave., Ste 223</i> CITY-STATE-ZIP <i>Miami, FL 33186</i>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <i>DS</i> NAME <i>Fouad Ali</i> STREET ADDRESS <i>1512 Spring Side Drive</i> CITY-STATE-ZIP <i>Weston, FL 33326</i>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address within a) other life empowerment.			
SIGNATURE: <i>[Signature]</i>		6/11/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034B (12/02)

Attachment 66429955
JOEL SANDERS & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

1535 NORTH PARK DRIVE
SUITE 103
WESTON, FLORIDA 33326

MEMBER: AMERICAN
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

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

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

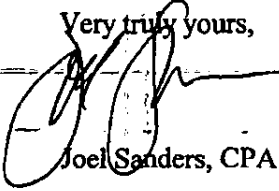
Gentlemen:

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