

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25287

1. Entity Name

INTERBUSINESS RESOURCES, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90063 034 ****61.25

Principal Place of Business Mailing Address
% ALAN B. SASLAW % ALAN B. SASLAW
20801 BISCAYNE BOULEVARD, SUITE 304 20801 BISCAYNE BOULEVARD, SUITE 304
AVENTURA FL 33180 AVENTURA FL 33180-1422

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0135638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SASLAW, ALAN B
% ALAN B. SASLAW
20801 BISCAYNE BOULEVARD, SUITE 304
AVENTURA FL 33180

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
~~SCHWARTZ, LARRY~~
~~875 N BISCAYNE RIVER DRIVE~~
~~NORTH MIAMI FL 33169~~

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
N/A

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
~~GALE, JOEL D MD~~
~~1021 IVES DAIRY RD, BLDG 3 STE 121~~
~~N M B FL 33179~~

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
→ D

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
~~TEMPLER, PAUL~~
~~740 N.E. 182ND STREET~~
~~MIAMI FL 33162~~

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
→ Director/Treasurer

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
D
SASLAW, ALAN B
20801 BISCAYNE BOULEVARD, SUITE 304
AVENTURA FL 33180

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
P/D
Plotkin, Ben
18500 NE 5th Ave
Miami, FL 33179

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Alan B. Saslaw* CURRENT DIRECTOR

2-3-00 (305) 682-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)