

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25287

1. Entity Name

INTERBUSINESS RESOURCES, INC.

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90079 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

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

TITLE PD  
NAME LAKEY SCHWARTZ  
STREET ADDRESS 667 N. BISCAYNE FIVE DR.  
CITY-ST-ZIP MIAMI FL 33169 ☐ Change ☒ Addition

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

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

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

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

TITLE PD  
NAME PLOTKIN, BEN  
STREET ADDRESS 18500 NE 5TH AVE  
CITY-ST-ZIP MIAMI FL 33179 ☒ Delete

TITLE D  
NAME PLOTKIN, BEN  
STREET ADDRESS 18500 NE 5 AVE  
CITY-ST-ZIP MIAMI FL 33179 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 305 651 7517

Daytime Phone #

CR2E037 (9/01)