

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90235 021 ****61.25

DOCUMENT # N25287

1. Entity Name

INTERBUSINESS RESOURCES, INC.



Principal Place of Business

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

Mailing Address

% 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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **PD** ☒ Delete
NAME **~~PLOTKIN, BEN~~**
STREET ADDRESS **~~185 NE 5 AVE~~**
CITY-ST-ZIP **~~MIAMI FL 33170~~**

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

TITLE **PD** ☐ Delete
NAME **~~LARRY, SCHWARTZ~~**
STREET ADDRESS **~~667 N. BISCAYNE RIVER RD~~**
CITY-ST-ZIP **~~MIAMI FL 33169~~**

TITLE **PD** ☒ Change ☐ Addition
NAME **LARRY SCHWARTZ**
STREET ADDRESS **667 N. BISCAYNE RIVER DR.**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

ALAN B. SASLAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03 305-682-1600

CR2E037 (10/02)