

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30853

1. Entity Name

INTERNATIONAL WORD COMMUNICATIONS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90041 037 ****61.25

Principal Place of Business

Mailing Address

11111 SW 88TH ST.
STE A210
MIAMI FL 33176
US

11111 SW 88TH ST.
STE A210
MIAMI FL 33176-0902
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0155570

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DURISIN, JOE R
5790 STIRLING ROAD 110
HOLLYWOOD FL 33021

Name **PERKINS, LINDA**

Street Address (P.O. Box Number is Not Acceptable)
11111 SW 88 ST STE A210

City **MIAMI**

FL Zip Code **33176**

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

Linda Perkins

LINDA PERKINS 4/10/2000

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 **PD** ☐ Delete
NAME **PERKINS, LINDA**
STREET ADDRESS **11111 SW 88TH ST A210**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PD** ☒ Change ☐ Addition
NAME **DURISIN, JOE R.**
STREET ADDRESS **5790 STIRLING RD. #110**
CITY-ST-ZIP **HOLLYWOOD FL 33021-1543**

TITLE **ST** ☐ Delete
NAME **PERKINS, LINDA**
STREET ADDRESS **11111 SW 88TH ST. A210**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **ST** ☒ Change ☐ Addition
NAME **DURISIN, JOE R.**
STREET ADDRESS **5790 STIRLING RD. #110**
CITY-ST-ZIP **HOLLYWOOD FL 33021-1543**

TITLE **VD** ☐ Delete
NAME **COPELAND, MICHAEL**
STREET ADDRESS **720 SW 5TH CT**
CITY-ST-ZIP **HALLANDALE FL**

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

TITLE **D** ☐ Delete
NAME **BERDIONE, ANTHONY**
STREET ADDRESS **2717 SW 21 TERRACE**
CITY-ST-ZIP **MIAMI FL**

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

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:

Joe Durisin **JOE R. DURISIN 4/10/00 954-989-0919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)