2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32498

1. Entity Name

INTERNATIONAL SPECIAL EVENTS SOCIETY, INC.



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

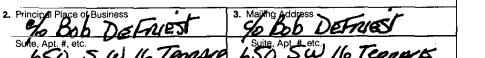
08-21-2000 90210 034 ****61.25

C/O STEVEN POLLOCK 1249 NW 7TH ST **BOCA RATON FL 33486**

Principal Place of Business

C/O STEVEN POLLOCK 1249 NW 7TH ST **BOCA RATON FL 33486**

Mailing Address



DO NOT WRITE IN THIS SPACE

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Cin & Stat	PAND BEACK, 7L	POMPANO I	Rossel	74 14.	FEI Number	302596		oplied For ot Applicable	
7 OIN	COUNTY TE	- 7in	Country				\$8.75 Add	 	
3306	69 USA	33069	US		Certificate of Status	Desired	Fee Require		
	6. Name and Address of Current	t Registered Agent			Name and Address	of New Registered	Agent		
			N	lame D. h	met NO En	100			
			<u>-</u> -	Street Address (PO	Box Number is Not A	Acceptable)			
POLLOCK			Ľ	650 SW 16 TERRACE					
	7. 7 STREET								
BOCA RATON FL 33486				City (2)	1/1/			e	
				POMPH	W DEACH	FL	- Zin Cood	169_	
8. The above	named entity submits this statement	or the purpose of changing i	its registered o	ffice or registered a	gent, or both, in the	state of Florida.			
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	Webst	hund			•				
SIGNATURE.	Signature, typed or printed name of registered agen	at and title if applicable. (N	OTE: Registered Age	ent signature required when	reinstating)	DATE			
	EU E NOW, EEE 10 664 05	a Floatice Co	ampaign Financ	oina ' AF A C		Make Check	Davable to	•	
	FILE NOW: FEE IS \$61.25		ampaign Financ Contribution.	S5.00	May Be to Fees	Make Check Department	-	,	
Aiter Sept	tember 13, 2000 min. will be \$	230.23				Department	. Ji Viulo	٠	
10.	OFFICERS AND D	IRECTORS	11.	ADD	ITIONS/CHANGES T	O OFFICERS AND DI	RECTORS IN		
TITLE	PSB D	Delete	TITLE .	D			Change	Addition	
NAME	POLLOCK, STEVEN		NAME	FRANK	. Peters,	LIORA A -	2/-		
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TITLE	YP PD	☐ Delete	TITLE		MUNICATE	ons, d	☐ Change	Addition	
NAME	DEFRIEST, ROBERT		NAME	30664	RAMIRE			_	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it all all officers of the corporation or the receiver or bustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if channel or on an attachment with an address, with all other like empowered. changed, or on an attachment with

SIGNATURE: