

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

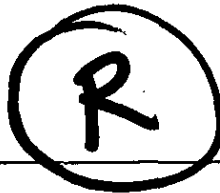
Aug 21, 2000 8:00 am  
Secretary of State

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

DOCUMENT # N32498

1. Entity Name

INTERNATIONAL SPECIAL EVENTS SOCIETY, INC.



Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Bob DeFriest  
Suite, Apt. #, etc.  
650 SW 16 TERRACE  
City & State  
POMPANO BEACH, FL  
Zip  
33069  
Country  
USA

% Bob DeFriest  
Suite, Apt. #, etc.  
650 SW 16 TERRACE  
City & State  
POMPANO BEACH, FL  
Zip  
33069  
Country  
USA

4. FEI Number

33-0302596

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

Name

Robert DeFriest

Street Address (P.O. Box Number is Not Acceptable)

650 SW 16 TERRACE

City

POMPANO BEACH

FL

Zip Code

33069

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

After September 13, 2000 min. will be \$236.25

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 STREET ADDRESS CITY-ST-ZIP	PSD D POLLOCK, STEVEN 1249 N.W. 7 STREET BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PD DEFRIEST, ROBERT C/O PANACHE, 650 S.W. 16 TERRACE POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FROMOWITZ, FELICE R 8501 SW 129 TERRACE MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP EDUCATION MERETSKY, MONA S CSEP C/O COMCOR, 5353 NORTH FEDERAL HWY., 402 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D ART APPEL % BON APETITE 5730 DAWSON ST. HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACY STERN, CSEP 14770 BRISCHWE BLVD N. MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK PETERS 21000 BOCA RIORD A-26 BOCA RATON, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMMUNICATIONS, D BOBBY RAMIREZ PO BOX 441942 MIAMI, FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBERT SWIER 7200 W CYPRESS LANE DR PARKLAND, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KELLY TORTORIELLO 1050 ELLER DR #303 FT. LAUDERDALE FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP AREA BOARDSHIP SANDRA BOEYHALL 5353 N 7TH HWY #402 FT. LAUDERDALE FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLITA EVERY PO BOX 820070 S. FLA, FL 33082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 REQUIRED Pres. (Robert DeFriest) Pres 8/14/00 954-7815355

Date

Daytime Phone #

CR2E037 (5/00)