

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001741

FILED
Mar 02, 2003
Secretary of State

Entity Name: THE INSTITUTE FOR HOME-BASED BUSINESSES, INC.

Current Principal Place of Business:

8501 S.W. 29 STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8501 S.W. 29 STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0657464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIDMAN, MARVIN B
8501 S.W. 29 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEIDMAN, MARVIN B
Address: 8501 S.W. 29 STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: VALCIN, GLORIA S
Address: 7525 NW 2 COURT
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: GLEINN, JUDITH K
Address: 19231 NW 57 PLACE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN B. SEIDMAN

D

03/02/2003

Electronic Signature of Signing Officer or Director

_____ Date