

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 90717 038 \*\*\*150.00

0270307 AV

**DOCUMENT # P00000014959**

1. Entity Name  
**INTERNATIONAL V GENERATION CORP.**

Principal Place of Business  
**1455 NW 107TH AVE #956**  
**MIAMI FL 33172**

Mailing Address  
**1455 NW 107TH AVE #956**  
**MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1711 S. CENTRAL AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LOS ANGELES, CA**

4. FEI Number

**94-3354201**

Applied For

Not Applicable

Zip

Country

Zip

Country

**90021**

**LOS ANGELES**

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

**OH, STEVE**  
**1455 NW 107TH AVE #956**  
**MIAMI FL 33172**

Name

**DON P. KIRK**

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

**1455 NW 107TH AVE # 956**

City

**MIAMI**

**FL**

Zip Code

**33172**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PARK, JAMES 1455 NW 107TH AVE #956 MIAMI FL 33172</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 liquidator authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/3/02**

Date

**213-748-6544**

Daytime Phone #

CR2E034 (9/01)