2001 UNIFORM BUSINESS REPORT (UBR)

DÖCUMENT # P0000031792

1. Entity Name

INTERNATIONAL BUSINESS BUREAU, CORP.

Principal Place of Business

Mailing Address

C/O ROTH ROUSSO & BENJAMIN PA 9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156

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FILED Apr 12, 2001 8:00 am Secretary of State

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2. Principal Place of Business 3. Malling Add 3440 HOLYWOOD BUN 3440		Address O HOLLI	HOLLYWOOD BLUD			(6)	 			
Suite, Apt. #, etc.	pt. #, etc.	, <u> </u>			DO NOT WRI	TE IN THIS SPA	CE			
City & State HOLCYWOO)	Fe Hou	tate Ywood	FL		4. FEI Number	10131=	33		plied For t Applicable	
33021 Country	.A. 330	21	Country C -S - A		5. Certificate of	Status Desired	□\$8	. 75 Addi Required	tional I	
6. Name and Addre	ss of Current Registered A	gent			7. Name and A	ddress of New F	Registered Age	nt		
ROTH, LEONARDO A 9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156			Street Address (P.O. Box Number is Not Acceptable) 3440 Holywood Bud #360 City Holywood FL Zig Code							
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 Leaves & Note: Leaves A. Rott 45-01 Signature, Sped 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!!! After MAY 1, 2001 Make Check Payable			Fee will be \$5 to Department	50.00	Trust	on Campaign Fir Fund Contributio	on. 🗆	Added	May Be to Fees	
	FICERS AND DIRECTORS		12.	80=		HANGES TO OFF				
TITLE DPT NAME RUBINZTAIN, ENRIQ STREET ADDRESS 9350 S DIXIE HWY MIAMI FL 33156	UE F	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	344	insztain, O Holly		e F. 🤼	Change 	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP — MIAML FL 33156	SILVA D	☐ Delete	TITLE NAME STREET ADDRESSCITY-ST-ZIP~-	س پيسپير				Change	Addition	
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13. I hereby certify that the information supplied with this filing does of 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 reports to execute that I am an officer or director of the corporation of the receiver or twisted empowered to execute his 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 state with a state of the empowered. SIGNATURE: SIGNATURE: CNRIQUE WBINSZTAIN 4-5-0/ 954/322-4280										

Daytime Phone #