

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90053 003 ***158.75

DOCUMENT # P00000057721

1. Entity Name

INTERNATIONAL BUSINESS GROUP, INC.

Principal Place of Business

**955 LONGWOOD CLUB PLACE
LONGWOOD FL 32750**

Mailing Address

**955 LONGWOOD CLUB PLACE
LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3653255

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

**DATOO, ABBAS L
955 LONGWOOD CLUB PLACE
LONGWOOD FL 32750**

Name

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

City

FL

Zip 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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DATOO, LIAQATALI M	
STREET ADDRESS	499 N. STATE ROAD 434 SUITE 2005	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	DATOO, NASEEM L	
STREET ADDRESS	499 N. STATE ROAD 434 SUITE 2005	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAZIYA JAFFER ALI REMTULLA	
STREET ADDRESS	955 LONGWOOD CLUB PLACE,	
CITY-ST-ZIP	LONGWOOD - FL-32750-4062	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURTAZA LIYAKATALI M.A. DATOO	
STREET ADDRESS	955 LONGWOOD CLUB PL,	
CITY-ST-ZIP	LONGWOOD - FL-32750-4062	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBAS L. DATOO	
STREET ADDRESS	955 LONGWOOD CLUB PLACE,	
CITY-ST-ZIP	LONGWOOD, FL-32750-4062	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIAQATALI M.A. DATOO	
STREET ADDRESS	955 LONGWOOD CLUB PLACE,	
CITY-ST-ZIP	LONGWOOD - FL-32750-4062	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASEEM L. M.A. DATOO	
STREET ADDRESS	955 LONGWOOD CLUB PLACE,	
CITY-ST-ZIP	LONGWOOD - FL-32750-4062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 trustee empowered 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ABBAS L. DATOO 2 FEB 2001 407-925 5546

CR2E034 (10/00)