**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P00000058807 INTERNATIONAL BUY FOR LESS INC 01-31-2001 90090 023 \*\*\*150.00 Principal Place of Business Mailing Address 8000 INTERNATIONAL DRIVE **9000 INTERNATIONAL DRIVE** SUITE 1242 SUITE 124 ORLANDO EL 32801-OPLANDO FL 33801 2. Principal Place of Business 3. Mailing Address Enzonson 740 Meaan Elissa Li Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State ity & State 4. FEI Numb Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name PORTLOCK, DAVID Street Address (P.O. Box Number is Not Acceptable) 7345 SANDLAKE ROAD #412 ORLANDO FL 32819 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME ANSARI, KHALID 7410 Megan Elissa LN Delando, Fia 32819 STREET ADDRESS 8000 INTERNATIONAL DRIVE, SUITE 412 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OREANDO FL 32801 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_\_\_Delete TITLE Change — Addition— NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.