

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91878 028 ***150.00

DOCUMENT # P0000058807

1. Entity Name
INTERNATIONAL BUY FOR LESS INC



Principal Place of Business
**6043 W ISLE BRNSOM
KISSIMMEE, FL 34747**

Mailing Address
**6043 W ISLE BRNSOM
KISSIMMEE, FL 34747**

00160073

2. Principal Place of Business
**6063 W. IRL BRNSOM HWY
Suite, Apt. #, etc.**

3. Mailing Address
**6063 W. IRL BRNSOM HWY
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State
KISSIMMEE, FLORIDA
Zip
34747 Country
USA

City & State
KISSIMMEE
Zip
34747 Country
USA

4. FEI Number
59-2972635 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PORTLOCK, DAVID
7345 SANDLAKE ROAD #412
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANSARI, KHALID 7410 MEGAN ELISSA LN ORLANDO, FL 32819 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TASNEGA, ANSARI 7410 MEGAN ELISA LANE ORLANDO, FL 32819 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

(Signature)

KHALED ANSARI

5/1/03

407-397-9033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #