

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065345

1. Entity Name

INTERNATIONAL FINANCIAL BROKERS, CORPORATION

FILED

01 SEP 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8249 NW. 36TH ST
SUITE 214
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1023705

Applied for

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMONES MIGUEL
8249 NW. 36TH ST #214
MIAMI, FL 33166

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

MIGUEL CAMONES

9-13-01

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered agent's initials are required when registering.)

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 \$110.00

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

TITLE PSD
NAME
STREET ADDRESS
CITY-ST-ZIP
SANCHOZ, ANA
1386 S.W. 22 TERRACE
MIAMI, FL 33145

☐ Delete

TITLE UPTD
NAME
STREET ADDRESS
CITY-ST-ZIP
CAMONES MIGUEL
9954 NW. 32ND ST
MIAMI, FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004609982
-09/25/01--01029--010
*****158.75 *****158.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 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:

MIGUEL CAMONES

9-13-01 (305) 718-3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (11/00)



2062

September 14, 2001

Department Of State
Division Of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Enclose please find the annual report for INTERNATIONAL FINANCIAL BROKERS, CORPORATION and the fee of \$ 158.75. Unfortunately since we move our office we did not received the original form of annual report for this company, please receive our apology for this situation.

If you have any question regarding this matter please give us a call at (305) 718-4450

Sincerely Yours,

A handwritten signature in dark ink, appearing to read "Miguel A. Camones", is written over a horizontal line.

Miguel A. Camones
Register Agent