

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000065688**1. Entity Name  
IAMBIC, INC.

## Principal Place of Business

7821 NORTH DALE MARBY HIGHWAY  
SUITE 210  
TAMPA FL 33614

## Mailing Address

7821 NORTH DALE MARBY HIGHWAY  
SUITE 210  
TAMPA FL 33614

## 2. Principal Place of Business

## 3. Mailing Address

12 S. FIRST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 300

City &amp; State

City & State  
SAN JOSE CA

Zip

Country

Zip

Country

95113

## 4. FEI Number

77-0547954

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

GRAUPERA VIDAL  
7821 NORTH DALE MARBY HIGHWAY  
SUITE 210  
TAMPA FL 33614

## 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

03/26/2001

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

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | PRINCE BARBARA                |                                 |
| STREET ADDRESS | 7821 NORTH DALE MARBY HIGHWAY |                                 |
| CITY-ST-ZIP    | TAMPA FL 33614                |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | GRAUPER VIDAL                 |                                 |
| STREET ADDRESS | 7821 NORTH DALE MARBY HIGHWAY |                                 |
| CITY-ST-ZIP    | TAMPA FL 33614                |                                 |
| 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    |                               |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | CFO                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PRINCE BARBARA DMS.           |                                                                              |
| STREET ADDRESS | 7821 NORTH DALE MARBY HIGHWAY |                                                                              |
| CITY-ST-ZIP    | TAMPA FL 33614                |                                                                              |
| TITLE          | CEO                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GRAUPERA VIDAL DMR.           |                                                                              |
| STREET ADDRESS | 7821 NORTH DALE MARBY HIGHWAY |                                                                              |
| CITY-ST-ZIP    | TAMPA FL 33614                |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| 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:** Barbara Prince

CFO

03/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)