

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066385

1. Entity Name

INTERNATIONAL ADOPTION RESOURCE, INC.

**FILED**  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90027 041 \*\*\*150.00

Principal Place of Business

6201 NORTHWEST 120TH DRIVE  
CORAL SPRINGS FL 33076

Mailing Address

6201 NORTHWEST 120TH DRIVE  
CORAL SPRINGS FL 33076

2. Principal Place of Business

499 E Palmetto Park Rd  
Suite, Apt. #, etc.

3. Mailing Address

499 E Palmetto Park Rd  
Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65 1050220

Applied For

Not Applicable

Zip

33432

Country

Zip

33432

Country

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

THURMOND, REBECCA  
6201 NORTHWEST 120TH DRIVE  
CORAL SPRINGS FL 33076

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 ☐ Delete  
NAME D  
STREET ADDRESS THURMOND, REBECCA  
CITY-ST-ZIP 6201 NORTHWEST 120TH DRIVE  
CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 19.07(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 #

2-2-01 954757

CR2E034 (10/00)