

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90102 013 ***150.00

MADE IN AV

DOCUMENT # P00000066385

1. Entity Name
INTERNATIONAL ADOPTION RESOURCE, INC.



Principal Place of Business
499 E PALMETTO PARK RD
BOCA RATON FL 33432

Mailing Address
499 E PALMETTO PARK RD
BOCA RATON FL 33432

2. Principal Place of Business

9900 W. Sample Rd
Suite 300

3. Mailing Address

9900 W. Sample Rd
Suite 300

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33065

Country
USA

Zip
33065

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1050220**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-757-7030

CR2E034 (10/02)