

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90060 008 ***150.00

DOCUMENT # P00000066964

1. Entity Name
INDUSTRIAL BUSINESS INTERNATIONAL CORPORATION

Principal Place of Business

P.O. BOX 450277
SUNRISE FL 33345-0277

Mailing Address

P.O. BOX 450277
SUNRISE FL 33345-0277

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1030997**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, DON ESQ.
9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZUNIGA, LEONARDO P.O. BOX 450277 SUNRISE FL 33345-0277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALCANTARA, SONIA P.O. BOX 450277 SUNRISE FL 33345-0277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE ZUNIGA, ISABLE PASOS P.O. BOX 450277 SUNRISE FL 33345-0277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOSA, ANGEL P.O. BOX 450277 SUNRISE FL 33345-0277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2002 **954-472-3390**
 Date Daytime Phone #

CR2E034 (9/01)