## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000090383 1. Entity Name 05-03-2001 90479 001 \*2,250.00 INTERNATIONAL BRIDGE CORPORATION Principal Place of Business Mailing Address P.O. BOX 9588 P.O. BOX 9588 FT LAUDERDALE FL 33310 FT LAUDERDALE FL 33310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 36-3862471 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SITTER, GENE C Street Address (P.O. Box Number is Not Acceptable) 2526 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311 Zip Code City 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: Recistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 (Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE □ Delete TITLE CHRIST, J VAME NAME 2528 W OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS 'ITY- \$1- **ን**ም CITY-ST-Z# FT LAUDERDALE FL 33311 ☐ Change □ Addition Delete ITLE TITLE SITTER, L M NAME HAME : TREET ADDRESS STREET ADDRESS 2526 W OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SITTER, GENE C 1 AME MANAF STREET ADDRESS 2526 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33311 CITY-ST-ZIP ☐ Addition ☐ Delete INF TITLE NAME NAME SIREET ADDRESS STREET ADDRESS C IY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME N-ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE T) LE ☐ Change ☐ Addition NAME N/ ME STREET ADDRESS ST REET ADDRESS CITY-ST-ZIP CilY-ST-ZIP

,13. I hereby certify that the information supplied with this filing does not qualify for the examption 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 sign sture 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: _ | Stor   | Gene C. | Sitter, | Director | 04-26-01 | 954-735-8800    |  |
|--------------|--|---------|---------|----------|----------|-----------------|--|
|              | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR |         |         |          | Date     | Deytime Phone # |  |

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## FILED May 30, 2001 8:00 am Secretary of State