

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103886

1. Entity Name

INTEGRATED FINANCIAL BROKERS INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90083 018 ***150.00

Principal Place of Business

9720 N.W. 6TH LANE
MIAMI FL 33172

Mailing Address

9720 N.W. 6TH LANE
MIAMI FL 33172

2. Principal Place of Business

175 FOUNTAINBLUE BLVD
Suite, Apt. #, etc.
1C5

3. Mailing Address

PO Box 227038
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1055304

Applied For

Not Applicable

Zip

33172

Country

DADE

Zip

33122-7038

Country

DADE

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

TORRES, MARCELO J
9720 N.W. 6TH LANE
MIAMI FL 33172

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 PD
NAME TORRES, MARCELO J
STREET ADDRESS 9720 N.W. 6TH LANE
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

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

TITLE VD
NAME TORRES, MARCELLO G
STREET ADDRESS 9120 FOUNTAINBLUE BLVD.
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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

Date

Daytime Phone #

2-27-01 (305) 229-1230

CR2E034 (10/00)