

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90040 033 \*\*\*150.00

**DOCUMENT # P00000111482**

1. Entity Name

**INTERNATIONAL FIBER SERVICES, CORP.**

Principal Place of Business

999 BRICKELL AVE. STE 700  
 MIAMI FL 33131

Mailing Address

999 BRICKELL AVE. STE 700  
 MIAMI FL 33131

2. Principal Place of Business

17467 SW 29th Ct

Suite, Apt. #, etc.

3. Mailing Address

17467 SW 29th Ct

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

City & State

MIRAMAR FLORIDA

4. FEI Number

65-1063101

Applied For

Not Applicable

Zip

33029

Country

BROWARD

Zip

33029

Country

BROWARD

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

GRISALES & ALFANO, L.L.C.  
 999 BRICKELL AVE. STE 700  
 MIAMI FL 33131

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

*Gonzalo Logreira* GONZALO LOGREIRA VD

4/30/01

Signature, type 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 ☐ Delete  
 NAME LOGREIRA, XIMENA  
 STREET ADDRESS 2133 RENAISSANCE BLVD., STE 104  
 CITY-ST-ZIP MIRAMAR FL 33025

TITLE PD ☒ Change ☐ Addition  
 NAME LOGREIRA, XIMENA  
 STREET ADDRESS 17467 SW 29th Ct  
 CITY-ST-ZIP MIRAMAR, FL 33029

TITLE VD ☐ Delete  
 NAME LOGREIRA, GONZALO  
 STREET ADDRESS 2133 RENAISSANCE BLVD., STE 104  
 CITY-ST-ZIP MIRAMAR FL 33025

TITLE VD ☒ Change ☐ Addition  
 NAME LOGREIRA, GONZALO  
 STREET ADDRESS 17467 SW 29th Ct  
 CITY-ST-ZIP MIRAMAR, FL 33029

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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 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 another like empowered.

SIGNATURE:

*Gonzalo Logreira* GONZALO LOGREIRA 4/30/01

Date

Daytime Phone #

(954) 290-9065

CR2E034 (10/00)