## FILED Jul 15, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P01000039538 **DOCUMENT#** 1. Entity Name 05-13-2002 90059 022 \*\*\*150.00 IFS ASSET RELOCATIONS, INC. Mailing Address Principal Place of Business 97305 9795 NORTHWEST 4TH STREET 9795 NORTHWEST 4TH STREET CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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. 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change Addition **PSTD** ☐ Delete TITLE NAME FOX, JERRY NAME 9795 NORTHWEST 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33071** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE

13. I hereby certify 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 to sleep impowered 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 addless, with all other received.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

951-207-939

DOC	MENT # P010	00039538						
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Principal Place of Business 9795 NORTHWEST 4TH STREET CORAL SPRINGS FL 33071		Mailing Address 9795 NORTHWEST 4TH STREET CORAL SPRINGS FL 33071		Httachm	mt			
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apl. #, etc.		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE			
City & Sta	ale	City & State		4. FEt Number Applied Not Ap	d For			
Zip	Country	Zip	Country	\$8.75 Additional Fee Required	<del></del>			
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent				
	& Utrera, p.a. Eria avenue			ddress (P.O. Box Number is Not Acceptable)	-			
	ABLES FL 33134		-					
			City	FL Zip Code				
Tax filing r (See criter	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1 20 Make Check Payab	20年12月2日 - 10月1日 - 10	0.00 10. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe	ees			
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13. I hereby considered of the corporation of the c	on this report or supplemental regard to correction or the receive or trusted empoyor on an attachment with an express, w	his filing does not qualify for true and accurate and that my wared to execute this report a thalf of the empowered.	y signature shall have a sequired by Chapter	In Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or directler 607, Florida Statutes; and that my name appears in Block 11 or Block  4-25-02-954-221-939	ion ctor 12 if			

Gzck #1648

## Attachment Polooo39138

	IFS ASSET RELOCATIONS, INC. 2929 N. UNIVERSITY DRIVE, SUITE 201 CORAL SPRINGS, FL. 33055	Southwat Frank	*31	0097529	1648
PAY: One Hund	lred Fifty Dollars and No Cents	DATE	***	TAUCHIA	£
TO THE ORDER OF	Department of State DIVISION OF CORPUNIFORN BUS PILING P.O. BOX 1500	04	/26/02	\$150	.00
Documen	## Pol 0000 395 38	133 809	Grange 1	90f *00000151	7704

View back image of check...

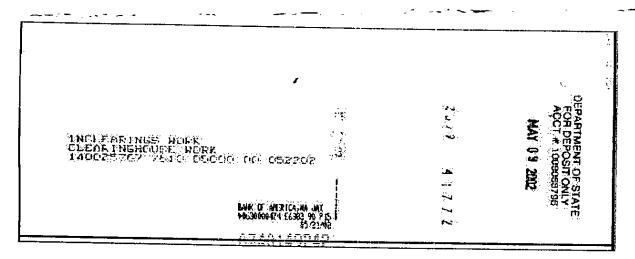
Close Window

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Check #1648

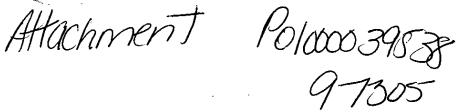
Page 1 of 1

Check #1648



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July 8, 2002

Department of State Division of Corporations Uniform Business Filing P.O. Box 1500 Tallahassee, FL 32302-1500

## To Whom It May Concern:

It was brought to my attention today, after speaking with Sean in your office, that we had been sent a letter saying that we were missing the FEI # from our 2002 Uniform Business Report that we filed in April. We never received the letter.

I am enclosing the new report that you sent us (document#P01000039538) which now includes our FEI# 65-1107895, per your office instructions. I am also enclosing a copy of the original report we filed in April and a copy of the cancelled check.

I am also confirming(per your office) that no penalty will be issued.

Thank you for your cooperation in this matter.