

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P010000 42652**

Entity Name

I. B. S. INTERNATIONAL CORP

FILED

03 JAN 21 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7327 NW 56 ST

3. Mailing Address

7327 NW 56 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

651097933

Applied For

Not Applicable

Zip

33166

Country

MIAMI Dade

Zip

33166

Country

MIAMI Dade

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HORACIO GIUSTO

Street Address (P.O. Box Number is Not Acceptable)

7327 NW 56 ST

City

MIAMI

FL

Zip Code

33166

**DO NOT WRITE
IN THIS SPACE**

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

1-20-03

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1. OFFICERS AND DIRECTORS

TITLE **PITIS**
NAME **HORACIO GIUSTO**
STREET ADDRESS **7327 NW 56 ST**
CITY-STATE-ZIP **MIAMI FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP **01/28/03--01052--026 **158.75**

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CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

Date

Daytime Phone #