2002 UNIFORM BUSINESS REPORT (UBR)

Jul 08, 2002 8:00 am Secretary of State P01000048778 DOCUMENT # 07-08-2002 90235 018 ***150.00 1. Entity Name INTERNATIONAL READERS LEAGUE OF TAMARAC, INC. Principal Place of Business Mailing Address B0127315 450 SW 12TH AVENUE 450 SW 12TH AVENUE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable \$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 BRILL, THEODORE F ESQ. Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD., SUITE 360 PLANTATION FL 33324 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 it are again and title if applicable FILE NOWI!! FEE IS \$150.00. _ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. represident CR2E034 (9/01) Addition Delete Change TITLE TITLE Mancy J. Amidon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tamaza c FI 333P TITLE ☐ Delete TITLE Addition . ১ বা এটা বুলি ১ ব NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY - ST- ZIP ☐ Change ☐ Delete TITLE ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY: ST. 7P. CITY-ST-Zi?-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED