

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90135 023 ***150.00

DOCUMENT # P01000057692
1. Entity Name IVES PLAZA, INC.

DO NOT WRITE IN THIS SPACE

90045478

2. Principal Place of Business 1800 N.E.114TH STREET Suite, Apt. #, etc. APT. 1005 City & State MIAMI, FL	3. Mailing Address 1800 N.E.114TH STREET Suite, Apt. #, etc. APT. 1005 City & State MIAMI, FL
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DO NOT WRITE IN THIS SPACE

Zip 33181	Country USA	Zip 33181	Country USA
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4. FEI Number 65-1113283	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name SCHINDER, BARRY S. ESQ	
Street Address (P.O. Box Number is Not Acceptable) C/O BERNARD SINGER, P.A.	
3107 STIRLING ROAD	
City FORT LAUDERDALE	FL Zip Code 33312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR BLACK, BURTON 1800 NE 114 ST, APT 1005 MIAMI, FLORIDA 33181	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: BURTON BLACK 3/4/03 (305) 895-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #