

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90154 018 \*\*\*150.00

**DOCUMENT # P01000086350**

1. Entity Name

IE DIRECT CORPORATION

Principal Place of Business

420 NE 1ST STREET APT 1  
 HALLANDALE FL 33009

Mailing Address

420 NE 1ST STREET APT 1  
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1139940

Applied For

Not Applicable

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

VASQUEZ, LUIS M

420 NE 1ST STREET APT 1  
 HALLANDALE FL 33009

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, LUIS M 420 NE 1ST STREET APT 1 HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

41626



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment  
# P01000086350

41626

August 8, 2002

Florida Department of State

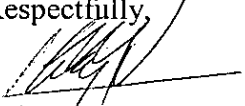
To whom it may concern:

Attached you will find a copy of our Uniform Business Report for the year 2002. This report was rejected because the late filing fees were not paid. We previously asked your department the amount to pay since we never received any notices and this is the first report after incorporation.

Please accept the enclosed payment

Thank you for your cooperation.

Respectfully,

  
Luis M. Vasquez  
IE Direct Corp.  
420 NE 1<sup>st</sup> Street apt # 1  
Hallandale, Fl. 33009