

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000099246**

1. Entity Name
INTERNATIONAL HOLDINGS GROUP OF SOUTH FLORIDA, INC.

Principal Place of Business
**C/O 1489 W PALMETTO PARK RD. SUITE 400
BOCA RATON FL 33486**

Mailing Address
**C/O 1489 W PALMETTO PARK RD. SUITE 400
BOCA RATON FL 33486**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**WALDEN, LINDA
1489 W PALMETTO PARK RD, SUITE 400
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent
Name **Adam Frankel, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1489 W. Palmetto Park Rd. Ste 400
City **Boca Raton** FL Zip Code **33486**

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]* as Registered Agent **2/21/02**
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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ANTONETTI, FRANK C/O 1489 W PALMETTO PARK RD, SUITE 400 BOCA RATON FL 33486	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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]* President **2/21/02**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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