التولي المهم

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 11, 2002 8:00 am Secretary of State

| DOCUMENT # P01000100970 1. Entity Name | | | | | 03-11-2002 90073 046 ***150.00 | |
|---|--|--|---|---|---|---|
| • | IE HOLDINGS (FLORIDA) CORP. | | \ 1 | | | |
| | | | \bigvee | | | |
| | | | | | | |
| | DO NOT WRITE | IN THIS | SPAC | E | | |
| | | | iling Address | | | |
| 5051 Westheimer Suite, Apt. #, etc. | | 5051 Westheimer Suite, Apt. #, etc. | | DO NOT WRITE IN THIS | SPACE | |
| Suite 1850 |) | Suite 1850 | Suite 1850 | | | |
| City & State Houston, TX | | City & State Houston, TX | | | 4. FEI Number 74-3018710 | Applied For Not Applicable |
| Zip 77056 | Country | Zip 77056 | Country USA | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 77000 | 1004 | | 007 | | . Name and Address of Current Registered | |
| DO NOT WRITE Name Benjamin Fo | | | | eldman | | |
| | | | | | (P.O. Box Number is Not Acceptable) Oinclana, No. 109 | |
| IN THIS SPACE | | | | | | |
| | | | | City Lake Worth | FL | . 33467 |
| 8. The above | Ramed entity submits this statement for | the purpose of chan | ging its registere | | | 100101 |
| | | | | | | |
| SIGNATURE . | Eignature, typed or protect name of registered agent a | nd title if applicable. | (NOTE: Registered | 1 Agent signature required v | when reinstating) DATE | <u>′</u> |
| 9. This corpo | oration is eligible to satisfy its Intangible | | y 1 - May 1 Fe | | 40. Charling Compaign Financing | AF 00 |
| Tax filing requirement and elects to do so. Amended UBR is \$61,25 | | | | Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| Make Check Payable to Departm 11, OFFICERS AND DIRECTORS | | | | partment of State | | |
| TILE | P/S/T/D | | BAL | | | |
| NAME STREET ADDRESS | 5051 Westhelmer, Suite 1850 | | . NAME STREE | T AODRESS | | |
| CITY-ST-ZIP | | | 2 000000000000000000000000000000000000 | ST-ZIP | | |
| TITLE | | ; | HRE | | | |
| NAME Street address | | | NAME 51rei | T ADDRESS | | , |
| CITY-ST-ZIP | | • | cire. | SI+ZP | | |
| TITLE Name | | | TIPLE NAME | | | |
| STREET ADDRESS | | | 88888888 | T ADORESS | DO NOT WRI | T'= |
| CITY-ST-ZIP | | · | | ST-ZP | | |
| TITLE NAME | | | JI E NAME | | IN THIS SPAC | CE |
| STREET ADDRESS | | | 2000000000 | T ADDRESS | | |
| CITY-S1-ZIP | | ************************ | City. | ST- 8P | | |
| TITLE NAME | | ; | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | Ì | 8000000 | T ADDRESS ST- BP | | |
| TITLE | | ······································ | THE | | | |
| NAME | | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 2 (220,20,00 | T ADORESS ST-ZIP | | |
| | ertify that the information supplied with t | his filing does not qu | #550000000 | | ion 119.07(3)(i), Florida Statutes. I further cert me legal effect as if made under oath; that I a | ify that the information |
| of the cor | on this report or supplemental report is to poration or the receiver or trustee emport of with an address, with all other like emp | wered to execute thi | d that my signatu s report as requ | re shall have the sa ired by Chapter 607 | me legal effect as if made under oath; that I a !, Florida Statutes; and that my name appears | m an orncer or director in Block 11 or on an |

February 15, 2002

713/850-0700 Daylime Phone /