

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91348 001 \*\*\*158.75

93142



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P01000104159</b>			
1. Entity Name <b>I.H.B. OF FLORIDA, INC.</b>			
Principal Place of Business <b>5201 ANGLERS AVENUE SUITE 101 FT LAUDERDALE FL 33312</b>		Mailing Address <b>5201 ANGLERS AVENUE SUITE 101 FT LAUDERDALE FL 33312</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SHELDON, HARVEY A</b>		Name	
<b>5201 ANGLERS AVENUE SUITE 101</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>FT LAUDERDALE FL 33312</b>		City	
		<b>FL</b> 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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>SHELDON, HARVEY A</b> <b>5201 ANGLERS AVENUE SUITE 101</b> <b>FT LAUDERDALE FL 33312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHARLOTTE L. FLOYD</b> <b>5201 ANGLERS AVE - SUITE 101</b> <b>FT LAUDERDALE, FL 33312</b>	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		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: <b>X</b> <i>Charlotte L. Floyd</i>		Date <b>5-13-01</b> Daytime Phone # <b>954-963-6666</b>	

CR2E034 (9/01)