FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90109 038 ***150.00

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DOCUMENT # P02000005249

1. Entity Name
IBC Construction, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1690 NE 191 Street	17050 N. Bay Road.
Suite, Apt. #, etc. # 315	Suite, Apt. #, etc. # 903
City & State North Miami Bch, FL	City & State Sunny Isles, FL
Zip 33179 Country USA	Zip 33160 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0583547 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Georgiy Manogadze

Street Address (P.O. Box Number is Not Acceptable): 1690 NE 191 Street # 315

City: North Miami Bch. FL Zip Code: 33179

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: G Manogadze 3/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, VP
NAME	Georgiy Manogadze
STREET ADDRESS	1690 NE 191 Street, # 315
CITY-ST-ZIP	North Miami Beach, FL 33179
TITLE	S
NAME	Anna Rayvich
STREET ADDRESS	1690 NE 191 Street, # 315
CITY-ST-ZIP	North Miami Beach, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: G Manogadze 3/3/03 (305)4917406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #