FILED
Sep 10, 2003 8:00 am
Secretary of State
05-05-2003 91842 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000043079

1. Entity Name
INTERNATIONAL BUSINESS CENTRE, CORP.

[redacted]

55056173

[redacted]

Principal Place of Business	Mailing Address
2050 N.W. 93RD AVENUE MIAMI, FL 33172	2050 N.W. 93RD AVENUE MIAMI, FL 33172

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0433279 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GOES, DANILO A
2050 N.W. 93RD AVENUE
MIAMI, FL 33172

7. Name and Address of New Registered Agent

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 ______ DATE ______

FEE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOES, DANILO A		NAME		
STREET ADDRESS	2050 N.W. 93RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-29-03
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

Attachment ##
55054173
P02000043019

Department of the Treasury
Internal Revenue Service
(Rev. January 2003)

941TeleFile Tax Record

03-0433279

▶ **Call TeleFile 24 hours a day at 1-800-583-5345.**

Do Nc

OMB No. 15

****AUTO**5-DIGIT 33172
MAR2003 S29 CT
INTERNATIONAL BUSINESS CENTRE
CORPORATION
2050 NW 93RD AVE 3783
MIAMI FL 33172-2924

If your name address, or as shown is incorrect, yo CANNOT use TeleFile.

Information You Provide

Information Prc by TeleFile

A Enter the total deposits (line 14) reported on your **2002 third** quarter Form 941 (or 941TeleFile Tax Record)

B Enter the numerical code for the state in which deposits were made only if the state is different from that shown in your address above (see page TEL-3)

C Is this your final return? Yes ☐ No ☐
If yes, enter date final wages paid . . . . . MMDDYYYY

*Line numbers correspond to Form 941. See the **Instructions for Form 941.***

1	Number of employees (except household employees) employed in the pay period that includes March 12th (first quarter only)	1	
2	Total wages and tips, plus other compensation	2	
3	Total income tax withheld from wages, tips, and sick pay	3	
6	Taxable social security wages	6a	6b
	Taxable social security tips	6c	6d
7	Taxable Medicare wages and tips	7a	7b
9	Fractions of cents adjustment only (+/–)	9	
10	Adjusted total of social security and Medicare taxes		10
11	Total taxes (add lines 3 and 10)		
12	Advance earned income credit (EIC) payments made to employees	12	
13	Net taxes. **(If $2,500 or more, this amount must equal line 17d below.)**		13
14	Total deposits for quarter, including overpayment applied from a prior quarter	14	
15	Balance due: For Electronic Funds Withdrawal: Routing number _____ Account number _____ Type of account: ☐ 1 - checking 2 - savings		15
16	Overpayment (applied to next return)		16

17 Monthly summary of Federal tax liability

17a First month liability	17b Second month liability	17c Third month liability	17d Total liability for q

D **Signature:** You will be required to make the following declaration: *Under penalties of perjury, I declare that, to th of my knowledge and belief, the return information I provided is true, correct, and complete.*
Before you call, enter here the numbers on your phone for the first five letters of **your** last name (see item 2 on page TEL-2). **Caution:** *See **Who must sign the return** on page TEL-3.*

Name (numbe

Stay on the line until TeleFile tells you your return has been accepted and gives you a 10-digit confirmation number and filing date.

Confirmation Number

/ /
Filing Date