

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91785 026 ***150.00

DOCUMENT # P02000067900					
1. Entity Name INTERNATIONAL GENERAL BUSINESS CORP.					
Principal Place of Business 10501 N KENDALL DR #F-120 MIAMI, FL 33176			Mailing Address 10501 N KENDALL DR #F-120 MIAMI, FL 33176		
2. Principal Place of Business 6595 NW 36 ST Suite, Apt. #, etc. STE #301 City & State MIAMI GARDEN, FL Zip 33166		3. Mailing Address 315 NAVARRE AVE Suite, Apt. #, etc. APT #9 City & State CORAL GABLES Zip 33134			
Country		Country		4. FEI Number 30-0088511	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent BURGOS, EDUARDO 10501 N KENDALL DR #F-120 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name <u>BURGOS EDUARDO</u> Street Address (P.O. Box Number is Not Acceptable) <u>315 NAVARRE AVE, APT #9</u> City <u>CORAL GABLES</u> State <u>FL</u> Zip Code <u>33134</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent's signature required when reinstating) DATE _____					
FILE 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGOS, EDUARDO 315 NAVARRE AVE #9 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORREGO, IVAN 6345 SW 138 CT #108 MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWEST, RUBEN F. REYES 15520 SW 80 ST #106B MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>[Signature]</u> DATE: <u>04/30/03</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)