

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90040 031 ***150.00

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DOCUMENT # P02000091453

1. Entity Name

INTERNATIONAL BROKERAGE GROUP, INC.



Principal Place of Business
16701 COLLINS AVENUE
#1025
SUNNY ISLES BEACH FL 33160

Mailing Address
16701 COLLINS AVENUE
#1025
SUNNY ISLES BEACH FL 33160



2. Principal Place of Business

101 N. Riverside Dr. #116
Suite, Apt. #, etc.
#116

3. Mailing Address

101 N. Riverside Dr.
Suite, Apt. #, etc.
#116

☒ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH FL.

City & State
POMPANO BEACH FL.

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
33062 USA

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33062 USA

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

6. Name and Address of Current Registered Agent

SHEPHERD, JOHN M JR.
16701 COLLINS AVENUE
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name John Shepherd
Street Address (P.O. Box Number is Not Acceptable)
101 N. Riverside Dr. #116
City POMPANO BEACH FL Zip Code 33062

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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. ☐ \$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 SAVA, VASILE 16701 COLLINS AVENUE SUITE#1025 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEPHERD, JOHN M JR. 16701 COLLINS AVENUE SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO. John Shepherd 101 N. Riverside Dr. #116 POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Shepherd

Date

Daytime Phone #

04/21/03 954-784-8305

CR2E034 (10/02)