


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90020 025 ***150.00

DOCUMENT # <u>P02000108240</u>	
1. Entity Name <u>ibo management Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1172 S. Dixie Hwy</u>		3. Mailing Address <u>1172 S. Dixie Hwy</u>	
Suite, Apt. #, etc. <u>#196</u>		Suite, Apt. #, etc. <u>#196</u>	
City & State <u>Coral Gables, FL</u>		City & State <u>Coral Gables, FL</u>	
Zip <u>33146</u>	Country <u>USA</u>	Zip <u>33146</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>820563837</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Jean Gervais</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1172 S. Dixie Hwy, #196</u>			
City <u>Coral Gables</u> FL Zip Code <u>33146</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

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jean Gervais</u> <u>1172 S. Dixie Hwy #196</u> <u>Coral Gables, FL 33146</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:

Jean Gervais
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-03
Date

Daytime Phone #

CR2E034B (12/02)