

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90255 027 \*\*\*150.00

0334697 AV

**DOCUMENT # P92000001444**

1. Entity Name

INTERNATIONAL BROKERS ASSOCIATION, INC.



Principal Place of Business

3032 E. COMMERCIAL BLVD., STE 500  
FT. LAUDERDALE FL 33308  
US

Mailing Address

3032 E. COMMERCIAL BLVD., STE 500  
FT. LAUDERDALE FL 33308  
US

2. Principal Place of Business

13899 BISCAYNE BLVD  
SUITE #131

3. Mailing Address

P.O. BOX 1520

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33022

Country

USA

City & State

MIAMI, FL

Zip

33181

Country

USA

City & State

MIAMI, FL

Zip

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Zip

33181



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0405048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAOU, GERARD C  
3032 E. COMMERCIAL BLVD.  
SUITE 500  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: GERARD C. ZAOU I  
Street Address (P.O. Box Number is Not Acceptable): SUITE #131  
BISCAYNE BLVD 13899  
City: MIAMI FL Zip Code: 33181

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

GERARD C. ZAOU I  
Signature, typed or printed name of registered agent and title if applicable.

2008/04/21  
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

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	ZAOU, GERARD C	
STREET ADDRESS	3032 E. COMMERCIAL BLVD., STE 500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAOU, GERARD C.	
STREET ADDRESS	P.O. BOX 1520	
CITY-ST-ZIP	HOLLYWOOD FL 33022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the election 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 authorized by Chapter 667, 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2008/04/21 954 6611661

Date Daytime Phone #

CR2E034 (10/02)