

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90187 019 ***150.00

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DOCUMENT # P93000037248

1. Entity Name
INTERNATIONAL FOAM SOLUTIONS, INC.

Principal Place of Business

1885 S.W. 4TH AVE.
 E-3
 DELRAY BEACH FL 33444
 US

Mailing Address

1885 S.W. 4TH AVE.
 E-3
 DELRAY BEACH FL 33444
 US

B0079536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0412538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KATZ, HARVEY
1885 S.W. 4TH AVE.
E-3
DELRAY BEACH FL 33444

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CEO	KATZ, HARVEY		
50 EAST ROAD #7E	50 EAST ROAD #7E		
DELRAY BEACH FL 33483	DELRAY BEACH FL 33483		
STD	KATZ, HARVEY		
50 EAST ROAD #7E	50 EAST ROAD #7E		
DELRAY BEACH FL 33483	DELRAY BEACH FL 33483		
PD	IOVINO, CLAUDIA		
6364 AMBERWOODS DR	6364 AMBERWOODS DR		
BOCA RATON FL 33433	BOCA RATON FL 33433		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-17-02 561-272-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)