

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90158 028 ***150.00

0212357

DOCUMENT # P93000040514

1. Entity Name

INTERNATIONAL PSYCHIC SOCIETY, INC.

Principal Place of Business

Mailing Address

~~1080 NW 163 DRIVE~~
~~4 FL~~
~~MIAMI FL 33169~~
~~46~~

~~1080 NW 163 DRIVE~~
~~4 FL~~
~~MIAMI FL 33169~~
~~46~~

2. Principal Place of Business

3. Mailing Address

330 Biscayne Boulevard

330 Biscayne Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700

Suite 700

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33132

Country
USA

Zip
33132

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0418912**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOLAR, DAVIDM
1350 KANE CONCOURSE
3RD FLOOR
BAY HARBOR ISLANDS FL 33154

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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

TITLE NAME	D BAKULA, GUILLERMO	<input type="checkbox"/> Delete
STREET ADDRESS	1080 NW 163 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D CONCEPCION, JORGE	<input type="checkbox"/> Delete
STREET ADDRESS	1080 NW 163 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	330 Biscayne Blvd., Suite 700	
CITY-ST-ZIP	Miami, Florida 33132	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	330 Biscayne Blvd., Suite 700	
CITY-ST-ZIP	Miami, Florida 33132	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: JORGE CONCEPCION **JORGE CONCEPCION**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 1-22-01 (305) 620-3600
 Daytime Phone #

CR2E034 (10/00)