## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # P94000047751 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name IQ PROMOTIONS, INC. 04-24-2000 90090 043 \*\*\*150.00 Principal Place of Business Mailing Address 12307 AUGUSTA WOODS COURT 12307 AUGUSTA WOODS COURT ORLANDO FL 32824-9033 ORLANDO FL 32824 RAASPOLA 3. Mailing Address 2. Principal Place of Business 100 BON Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE らいら Applied For City & State City & State 4. FEI Number 59-3253231 Not Applicable \$8.75 Additional Fee Required Country ひらり 5. Certificate of Status Desired. \_\_ \_ \_ \_\_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Venizeloe QUINONES, ILENE S Street Address (P.O. Box Number is Not Acceptable) 12307 AUGUSTA WOODS COURT ORLANDO FL 32824 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE QUINONES, ILENE S NAME NAME 12307 AUGUSTA WOODS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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 expowered 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 atta ment with an address with all other like empowered.