

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009655

1. Entity Name

IOAN, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90242 004 ***150.00

00008038



DO NOT WRITE IN THIS SPACE

Principal Place of Business IOAN INC APT COMPLEX RENTAL APARTMENTS HOLLYWOOD FL 33024	Mailing Address 6201 POLK ST HOLLYWOOD FL 33024
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2. Principal Place of Business IOAN INC APT COMPLEX Suite, Apt. #, etc. RENTAL APARTMENTS City & State HOLLYWOOD FLORIDA Zip 33024	Country BROWARD	3. Mailing Address 6201 POLK ST Suite, Apt. #, etc. HOLLYWOOD City & State HOLLYWOOD FL Zip 33024	Country BROWARD
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4. FEI Number 65-0649353	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FEINBERG, JEFFREY 4651 SHERIDAN STREET SUITE 300 HOLLYWOOD FL 33021

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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: Joan Inc 1-14-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)