

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90138 017 ***150.00

DOCUMENT # P95000009655

1. Entity Name
IOAN, INC.



Principal Place of Business
**IOAN INC APT COMPLEX
RENTAL APARTMENTS
HOLLYWOOD FL 33024**

Mailing Address
**6201 POLK ST
HOLLYWOOD FL 33024**



2. Principal Place of Business
IOAN INC APT COMPLEX

Suite, Apt. #, etc.
RENT APARTMENTS

3. Mailing Address
6201 POLK ST

Suite, Apt. #, etc.
HOLLYWOOD FL

☐ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD FLORIDA

City & State
HOLLYWOOD FL

4. FEI Number **65-0649353**

Applied For
Not Applicable

Zip
33024

Country
BROWARD

Zip
33024

Country
BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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

**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete
NAME **MIHES, IOAN**
STREET ADDRESS **6201 POLK STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Ioan Inc 02-03-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)