

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90011 050 ***150.00

DOCUMENT # P95000020240

1. Entity Name
IEBA CORP.

Principal Place of Business

**6712 S.W. 139TH STREET
 MIAMI FL 33158**

Mailing Address

**PO BOX 562200
 MIAMI FL 33158**

2. Principal Place of Business

8508 SW 139 TER.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Zip

Country

33158

USA

Zip

Country

4. FEI Number

65-0563116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SCHILLING, I.E.

**6712 S.W. 139TH STREET
 MIAMI FL 33158**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8508 S.W. 139 TER.

City

Miami

FL

Zip Code

33158

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

TITLE **D** ☐ Delete
 NAME **SCHILLING, I.E.**
 STREET ADDRESS **6712 S.W. 139TH STREET**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **D** ☐ Delete
 NAME **SCHILLING, BETTY ANNE**
 STREET ADDRESS **6712 S.W. 139TH STREET**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8508 S.W. 139 TER.**
 CITY-ST-ZIP **Miami, FL 33158**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8508 S.W. 139 TER.**
 CITY-ST-ZIP **Miami, FL 33158**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 305-253-6607

Date

Daytime Phone #

CR2E034 (9/01)