

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90171 005 ***150.00

DOCUMENT # P95000036970



1. Entity Name
IBC OF PENNSYLVANIA, INC.

Principal Place of Business
**730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309**

Mailing Address
**730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309**

90027896



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0581644**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIROP, KEVIN
730 W. MCNAB ROAD
FT. LAUDERDALE FL 33309**

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 _____

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**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | DPAS | <input type="checkbox"/> Delete |
| NAME | ELLMAN, J. LEON | |
| STREET ADDRESS | 730 WEST MCNAB ROAD | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | ELLMAN, LANCE | |
| STREET ADDRESS | 730 W MCNAB ROAD | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| TITLE | VAST | <input type="checkbox"/> Delete |
| NAME | SIROP, KEVIN | |
| STREET ADDRESS | 730 W MCNAB ROAD | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | ELLMAN, NEIL | |
| STREET ADDRESS | 730 W MCNAB ROAD | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | SV | <input type="checkbox"/> Delete |
| NAME | BERK, ARTHUR J | |
| STREET ADDRESS | 730 N MCNAB ROAD | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | CEO D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLMAN, J. LEON | |
| STREET ADDRESS | 730 WEST MCNAB ROAD | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLMAN, NEIL | |
| STREET ADDRESS | 730 W MCNAB ROAD | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: JOSEPH REQUINISTOP
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 954-968-2333
Date Daytime Phone #

CR2E034 (10/02)