## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000058265 1. Entity Name

## FILED Jan 19, 2001 8:00 am Secretary of State

ILLUSTRATED PROPERTIES INTERNATIONAL INC.					01-19-2001 90082 001 ***150.00					
Principal Place of Business  % RODNEY J. DILLARD 1200 S. FLAGLER DRIVE. SUITE 201 WEST PALM BEACH FL 33401 US		Mailing Address % RODNEY J. DILLARD 1200 S. FLAGLER DRIVE. SUITE 201 WEST PALM BEACH FL 33401 US								
2. Principal P	Place of Business  PLAN Devoud  #, etc.	3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Oky & Stat	o Surta	City & State		4.	FEI Number	NOT APPL			oplied For	]
- talm	Country Country	Zip	Country		Certificate of			\$8.75 Ad	ot Applicable ditional	]
334	6. Name and Address of Current R	egistered Agent	<del></del>			Status Desired		Fee Require	ed-(< =	
<del>-</del>		- Agent	Name				g			1
675 1	ard, rodney Northlake way		ess (P.O. Box Number is Not Acceptable)						]	
PALN	A BEACH FL 33480			-						
			City				FL	Zip Coc	le	1
8. The above	named entity submits this statement for	the purpose of changing its reg	gistered office or rec	gistered ac	gent, or both,	in the State of Fl	orida.			1
SIGNATURE.	Signature, typed of printed name of refusitered agent an	d title if applicable. (NOTE: Re	egistered Agent signature re	autrod when	rainstruing)		Dec 29,	2000		
9. This corporation is eligible to satisfy its Intangible FILE I Tax filing requirement and elects to do so.  After MAY			FEE IS \$150.00 Fee will be \$550 to Department of	.00	10. Electi	on Campaign Fi Fund Contribution		\$5.0 Adde	00 May Be	-{
11.	OFFICERS AND D		12.		DDITIONS/CH	ANGES TO OF	FICERS AND	D DIRECTOR	S IN 11	_ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS DILLARD, RODNEY 675 NORTHLAKE WAY PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del>-</del>	☐ Change	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DILLARD, RODNEY 675 NORTHLAKE WAY PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	383
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indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyor or on an attachment with an address, with the supplement of the supplementary of the supplementary that the supplementary is the supplementary that the supplementary is supplementary that the supplementary is supplementary that the supplementary is supplementary that the information supplied with the supplementary that	rue and accurate and that my : vered to execute this report as	signature shall have	the same	legal effect a	s if made under	oath; that I	am an officei	or director	