

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90154 034 ***150.00

DOCUMENT # P96000006270

1. Entity Name
INTERNATIONAL DUTY FREE MERCHANTS, INC.

Principal Place of Business 755 NW 72ND AVE PLAZA #19 MIAMI FL 33126 US	Mailing Address % SONIA JHANGIMAL 9425 SW 91ST STREET MIAMI FL 33176-1921
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 2264 NW 87TH AVE
Suite, Apt. #, etc.	Suite, Apt #, etc.

City & State	City & State MIAMI FLORIDA	4. FEI Number 65-0634487	Applied For Not Applicable
Zip	Country	Zip 33172	Country USA

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
JHANGIMAL, SONIA
9425 SW 91ST STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name
SONIA D. JHANGIMAL
 Street Address (P.O. Box Number is Not Acceptable)
2264 NW 87th AVE
 City **MIAMI** **FL** Zip Code **33172**

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 Sonia D. Jhangimal **SONIA D. JHANGIMAL** **04-25-00**
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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME JHANGIMAL, SONIA D	
STREET ADDRESS 755 NW 72ND AVE PLAZA #25	
CITY-ST-ZIP MIAMI FL 33126	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JHANGIMAL SONIA	
STREET ADDRESS 2264 NW 87TH AVE	
CITY-ST-ZIP MIAMI FLORIDA 33172	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sonia D. Jhangimal **SONIA D. JHANGIMAL** **04-25-00** **305-591-0103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)