## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P97000008394 INTEGRATED BUSINESS SERVICES, INC. 05-24-2000 90177 005 \*\*\*150.00 Mailing Address Principal Place of Business 761 NW 89TH AVENUE 761 NW 89TH AVENUE PLANTATION FL 33433-1792 PLANTATION FL 33324-6111 3. Mailing Address 2. Principal Place of Business 6165 BELLEZH LN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3421678 Not Applicable ものさん Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required *94433* -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSTAMANTE, BRIAN C Street Address (P.O. Box Number is Not Acceptable 761 NW 89TH AVENUE **PLANTATION FL 33324-6111** City BOCA BATON 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. BRIAN L. BUSTAMANTE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. P/S TITLE ☐ Addition TITLE ☐ Delete BUSTAMANTE, ANNE NAME NAME 6165 BELLEZA LN STREET ADDRESS STREET ADDRESS 761 NW 89TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324-6111 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR