

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031864

1. Entity Name

I.P.S. ENTERPRISES CORP.

Principal Place of Business

Mailing Address

1450 W 68 ST
B
HIALEAH FL 33014
US

17421 SW 18 ST
MIRAMAR FL 33029-5531
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FL 33014

MIAMI-DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUIS R MARTINEZ
8532 NW 66 ST
MIAMI FL 33166

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.

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, 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 VPD
NAME MARTINEZ, LUIS R
STREET ADDRESS 8232 NW 68 ST.
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE PD
NAME LOPEZ, JORGE R
STREET ADDRESS 1450 W 68 ST
CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS MARTINEZ

4-10-00

Date

305-513-2600

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90148 005 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0744508

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required