

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000032832**

1. Entity Name

I.R. International **1**, Inc.

FILL
CLERK OF STATE
DIVISION OF CORPORATION

00 MAR 14 PM 4:06

Principal Place of Business

Mailing Address

431 SW 178 Way

Pembroke Pines, FL 33029

2. Principal Place of Business

3. Mailing Address

431 SW 178 Way

431 SW 178 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0746252

Applied For

Not Applicable

Zip

33029

Country U.S.A.

County Broward

Zip

33029

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ramon Reyes Old address was:

431 SW 178 Way

Pembroke Pines, FL 33029

604 NW 163 AVE. 431 SW 178 Way

Pembroke Pines,

FL, 33028

Name

Ramon Reyes

Street Address (P.O. Box Number is Not Acceptable)

City

Pembroke Pines

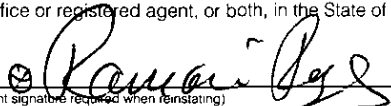
FL

Zip Code

33029

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.

(Changed Address Only.)

SIGNATURE Ramon Reyes, Registered Agent.  2/18/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS Ramon Reyes
CITY-ST-ZIP 431 SW 178 Way
Pembroke Pines, FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:  Ramon Reyes, President

2/18/00 305-606-1749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)