

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084916

1. Entity Name

INTERNATIONAL ASSOCIATION OF BARTENDERS AND SERVERS / INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90801 026 ***150.00

Principal Place of Business

Mailing Address

~~3801 N UNIVERSITY DR~~ 6151 MIRAMAR PKY.
SUITE 317 STE. 202
~~SUNRISE FL 33351~~ MIRAMAR, FL 33023
US

2. Principal Place of Business
4225 N.W. 88th Ave PKY.

3. Mailing Address
4225 N.W. 88th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#111 202

#111 202

City & State

City & State

~~Sunrise, FL~~ MIRAMAR, FL

~~Sunrise, FL~~ MIRAMAR, FL

Zip - 33023

Country

Zip

33351 33023

Country

4. FEI Number

65-0787793

Applied For

Not Applicable

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

LINDOW, K R JR.

~~3801 N UNIVERSITY DR~~ 6151 MIRAMAR PKY.

~~SUITE 317~~

SUITE 202

~~SUNRISE FL 33351~~

MIRAMAR, FL 33023

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DAVID SHERMAN	4470 N.W. 74TH AVE.	LAUDERHILL FL 33319	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MARCIA DE MIGUEL-P	125 N.W. 106 AVE.	PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

David Sherman 3-22-00

Date

954.898.0103

954.741.4577

Daytime Phone #

CR2E034 (9/99)