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FILED
Jul 03, 2001 8:00 am
Secretary of State
05-21-2001 90340 027 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084916

1. Entity Name

INTERNATIONAL ASSOCIATION of BARTENDERS & SERVERS INC.

Principal Place of Business / Mailing Address

6151 MIRAMAR PARKWAY #202
MIRAMAR, FL. 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
SAME		P.O. BOX 245188	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: PEMBROKE PINES, FL.	
Zip	Country	Zip: 33024	Country: BROWARD

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
K. RICHARD LINDON, JR.	Name
6151 MIRAMAR PARKWAY #202	Street Address (P.O. Box Number is Not Acceptable)
MIRAMAR FL 33023	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 K. R. Lindon, Jr. DATE 6.11.01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D SHERMAN, DAVID 6080 NW 44 ST. #308 LAUDERHILL, FL 33319 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEMIGUEL, MARCIA 425 N.W. 106 AVE. PEMBROKE PINES, FL. 33026 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: MARCIA deMIGUEL 4.30.01 954.893.0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #