

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 026 ***150.00

DOCUMENT # **P97000084916**

1. Entity Name

**INTERNATIONAL ASSOCIATION of BARTENDERS
& SERVERS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6151 MIRAMAR PKWY

3. Mailing Address

P.O. Box 245188

Suite, Apt. #, etc.

STE 202

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

PEMBROKE PINES, FL

Zip

33023

Country

BROWARD

Zip

33024

Country

BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0787793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

K. RICHARD LINDOW JR

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

6151 MIRAMAR PARKWAY

SUITE 202

City

MIRAMAR

FL

Zip Code

33023

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P DAVID A. SHERMAN
6080 NW 44 STREET #308
LAUDERHILL, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M MARCIA DE MIGUEL
125 NW 106 AVENUE
PEMBROKE PINES, FL 33026**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA DE MIGUEL MANAGING DIRECTOR 3.15.02 (954) 893.0103

Date

Daytime Phone #

CR2E034B (12/01)