

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090144

1. Entity Name

INTERNATIONAL FLORIDA MARKETING, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90103 032 \*\*\*150.00

Principal Place of Business 7061 GRAND NATURAL DRIVE SUITE 105F ORLANDO FL 32819	Mailing Address 7061 GRAND NATURAL DRIVE SUITE 105F ORLANDO FL 32819-8398
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2. Principal Place of Business 13482 FALCON POINTE DR. Suite, Apt. #, etc. ORLANDO, FL. 32837 City & State 32837 Zip Country USA	3. Mailing Address 13482 FALCON POINTE DR. Suite, Apt. #, etc. ORLANDO, FLORIDA. City & State 32837 Zip Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3473883 Applied For Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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. ☐ **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	PD HUMPIERRES, MIGUEL E 7061 GRAND NATURAL DRIVE ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 (407) 826-4645  
Date Daytime Phone #