

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090144

1. Entity Name

INTERNATIONAL FLORIDA MARKETING, INC.

Principal Place of Business

13482 FALCON POINTE DR  
ORLANDO FL 32837

Mailing Address

13482 FALCON POINTE DR  
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3473883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

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

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, 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

TITLE PD  
NAME HUMPIERRES, MIGUEL E ☐ Delete  
STREET ADDRESS 7061 GRAND NATURAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE V  
NAME HUMPIERRES, ELISABETH ☒ Delete  
STREET ADDRESS 7061 GRAND NATIONAL DR, SUITE 105-F  
CITY-ST-ZIP ORLANDO FL 32819

TITLE S  
NAME HUMPIERRES, ELISABETH ☒ Delete  
STREET ADDRESS 7061 GRAND NATIONAL DR, SUITE 105-F  
CITY-ST-ZIP ORLANDO FL 32819

TITLE T  
NAME HUMPIERRES, ELISABETH ☒ Delete  
STREET ADDRESS 7061 GRAND NATURAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13482 FALCON POINTE DR.  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE V ☒ Change ☐ Addition  
NAME HUMPIERRES, MIGUEL E  
STREET ADDRESS 13482 FALCON POINTE DR.  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE S ☒ Change ☐ Addition  
NAME HUMPIERRES, MIGUEL E  
STREET ADDRESS 13482 FALCON POINTE DR.  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE T ☒ Change ☐ Addition  
NAME HUMPIERRES, MIGUEL E  
STREET ADDRESS 13482 FALCON POINTE DR.  
CITY-ST-ZIP ORLANDO, FL 32837

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (407)826-4645  
Date Daytime Phone #

0075401

CR2E034 (10/00)