

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000098037

Entity Name

IBANO INVESTMENTS & SERVICES, INC.

Principal Place of Business

7391 S.W. 16 ST.
MIAMI, FL 33155

Mailing Address

7391 S.W. 16 ST.
MIAMI, FL 33155

Principal Place of Business

10920 NW 73 TERRACE

3. Mailing Address

10920 NW 73 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

4. FEI Number

65-0794515

Applied For

Not Applicable

Zip

33178

Country

MIAMI DADE

Zip

33178

Country

MIAMI DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILORIA, LOURDES
11310 S.W. 24th STREET
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name IGLESIAS, ADOLFO E.

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

12010 S.W. 97th STREET

City MIAMI, FL

FL

Zip Code
33186

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

4-27-00

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 \$250.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PTDS
VILORIA, LOURDES
10920 N.W. 73 TERRACE
MIAMI, FL 33178

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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

5-8-00

Date

786-388-0100

Daytime Phone #

CR2E034 (9/99)