

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106060

1. Entity Name

INTERNATIONAL GUILD OF VERBATIM REPORTERS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90008 012 ***150.00

Principal Place of Business

Mailing Address

3762 NE 209TH TERRACE
AVENTURA FL 33180

SUITE 3400-ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131-1806

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

65-0834325

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

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
SUITE 3400-ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131-1897

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, 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 PD
NAME CZERENDA, RANDALL A
STREET ADDRESS 3762 NE 209TH TERRACE
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE D
NAME WENCLAWSKI, JOHN
STREET ADDRESS 1500 BISCHOP COURT
CITY-ST-ZIP MT. PROSPECT IL 60056 ☐ Delete

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

TITLE DT
NAME GARAPATI, PRASAD V.S.S.
STREET ADDRESS DAMAYANDU CHAMERS 1ST FLOOR RITZ HOTEL RD
CITY-ST-ZIP ADARSH NAGAR HYDERABAD INDIA 500-063 ☐ Delete

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

TITLE DS
NAME CZERENDA, A. JUDITH
STREET ADDRESS 3762 NE 209TH TERRACE
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

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

TITLE D
NAME MEDICI, WAGNER
STREET ADDRESS AVENIDA PAULISTA 1471 SALAS 1 412/1 415
CITY-ST-ZIP ANDAR14 SAOPAULO SPCEPBRASIL 01311-927 ☐ Delete

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

TITLE D
NAME BESS, THOMAS
STREET ADDRESS 99 BATTERY PLACE APT 18E
CITY-ST-ZIP NEW YORK NY 10280 ☐ Delete

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:

Randall A. Czerenda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 MAR 00
Date

305-937-6206
Daytime Phone #

RANDALL A. CZERENDA

CR2E034 (9/99)