

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006060

1. Entity Name

1688 IEA, INC.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90013 025 \*\*\*158.75

Principal Place of Business

Mailing Address

%INVESTMENT EQUITITES ASSOCIATES  
1111 LINCOLN ROAD STE. 800  
MIAMI BEACH FL 33139

%INVESTMENT EQUITITES ASSOCIATES  
1111 LINCOLN ROAD STE. 800  
MIAMI BEACH FL 33139-2451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0809314**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WERNER, MICHAEL B  
1111 LINCOLN ROAD STE. 800  
MIAMI BEACH FL 33139

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	WERNER, MICHAEL B	1111 LINCOLN RD #800	MIAMI BCH FL 33139				
VP	GARFINKLE, BENJAMIN	1111 LINCOLN RD #800	MIAMI BCH FL 33139				
S	GARFINKLE, DAVID	1111 LINCOLN RD #800	MIAMI BCH FL 33139				
T	HOWARD, EUGENE J	1111 LINCOLN RD #800	MIAMI BCH FL 33139				

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

David Garfinkle 1/13/00 305-538-8558

Date

Daytime Phone #

CR2E034 (9/99)