2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90007 041 ***150.00

DOCUMENT # P98000009581

1. Entity Name
IABC, INC.

Principal Place of Business: ~~3801 N. UNIVERSITY DRIVE SUITE 317 SUNRISE FL 33351~~ MIRAMAR 6151 PARKWAY SUITE 202 MIRAMAR, FL. 33023

Mailing Address: ~~3801 N. UNIVERSITY DRIVE SUITE 317 SUNRISE FL 33351-6317~~ 6151 MIRAMAR PWK SUITE 202 MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~4225 N.W. 88th Ave~~ 6151 MIRAMAR PKY.	~~4225 N.W. 88th Ave~~ 6151 MIRAMAR PKY.
Suite, ~~Apt. #, etc.~~: ~~Suite 111~~ 202	Suite, Apt. #, etc.: Suite ~~111~~ 202
City & State: ~~Sunrise, FL~~ MIRAMAR PKY.	City & State: ~~Sunrise, FL~~ MIRAMAR, FL
Zip: 33351 / Country:	Zip: ~~33351~~ 33023 / Country:

4. FEI Number: 65-0819995 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, DAVID A
~~3801 N. UNIVERSITY DRIVE~~ 6151 MIRAMAR PKW.
~~SUITE 317~~ STE 202
~~SUNRISE FL 33351~~ MIRAMAR, FL. 33023

7. Name and Address of New Registered Agent

Name: David A. Sherman
Street Address (P.O. Box Number is Not Acceptable): 4470 N.W. 74 Ave
City: Lauderhill FL Zip Code: 33319

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	[redacted] D SHERMAN, DAVID A 4470 NW 74 AVE LAUDERHILL FL 33319 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARCIA DE MIGUEL P 125 N.W. 106 AVE. PEMBROKE PINES, FL. 33026 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [illegible] David A. Sherman 2-23-00 954.893.0103 ~~954-741-4870~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #