FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90120 025 ***150.00

DOCUMENT # P98000009581

1. Entity Name
IABC, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6151 MIRAMAR PKWY.	P. O. BOX 245188
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc.
City & State MIRAMAR, FL	City & State PEMBROKE PINES, FL
Zip 33023 Country U.S.A.	Zip 33024 Country U.S.A

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARCIA DEMIGUEL

Street Address (P.O. Box Number is Not Acceptable): 6151 MIRAMAR PKWY - STE 202

City: MIRAMAR FL Zip Code: 33023

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: /// MARCIA DEMIGUEL 3-15-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	MARCIA DEMIGUEL
STREET ADDRESS	125 NW 106 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	BOARD MEMBER
NAME	AMALIA NYE
STREET ADDRESS	6737 SIMMS STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	BOARD MEMBER
NAME	SHARON L. CARR-SMITH
STREET ADDRESS	401 BRINY AVENUE #715
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	BOARD MEMBER
NAME	PAUL BLAKE
STREET ADDRESS	15006 NW 7 AVENUE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	V/S
NAME	TYRONE LIVINGSTON
STREET ADDRESS	6151 MIRAMAR PKWY - STE 202
CITY-ST-ZIP	MIRAMAR, FL 33023
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: /// MARCIA DEMIGUEL 3.15.02 (954)893-0103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #