

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90080 017 ***150.00

DOCUMENT # P98000095185

1. Entity Name

International Promotions & Entertainment Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5945 Ravenswood Rd.

Suite, Apt. #, etc.

Bldg. 2

City & State

Ft. Lauderdale, FL

Zip
33312

Country

Broward

3. Mailing Address

5945 Ravenswood Rd.

Suite, Apt. #, etc.

Bldg. 2

City & State

Ft. Lauderdale, FL

Zip
33312

Country

Broward

4. FEI Number

59-3542947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard Lewis

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

799 Brickell Plaza

Suite 702

City
Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD

Greg Wantman

5945 Ravenswood Rd.#2

Ft. Lauderdale, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD

Steven Benbasat

5945 Ravenswood Rd.#2

Ft. Lauderdale, FL 33312

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/02 954-961-9100

CR2E034B (12/01)