## 2001 UNIFORM BUSINESS REPÖRT (UBR)

DOCUMENT # P98000096148  1. Entity Name IVAN'S PLACE, INC.						Apr 25, 2001 8:00 an Secretary of State 03-16-2001 90017 017 ***150.00				
Principal Place	of Business	Mailing Address								
1025 E. 32ND S' HIALEAH FL 330		1025 E. 32ND STREET HIALEAH FL 33013								
Principal Place of Business     3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					ITE IN THIS S		et seit i <del>tes</del>	
City & State		City & State			<b>4.</b> F	4. FEI Number 65-0875201 Applied For				
Zip	Country	Zip	lry	Not Applic     Sertificate of Status Desired     See Required     Fee Required				ot Applicable litional		
ت د د دستهنوغت	6. Name and Address of Currer	nt Registered Agent			7. 8	lame and Address of New			7.00	
1025	JTO, MABEL C E. 32ND STREET EAH FL 33013				GIORDA dress (P.O. 8 1025 E	NO GOMEZ ox Number is Not Acceptal AST 32nd STR	ele) EET			
				City	HIALEA	77	FL	Zip Code	e –	
SIGNATURE	Signature, typed or printed reme of registered ag- pration is eligible to satisfy its intangit requirement and elects to do so.	manufactural policable. (NOT pole FILE NOW After MAY 1, 20	E Régistere	d Agent signatur IS \$150.0 will be \$55	e required when its	I former	3/12 DATE	\$5.0	O May Be	
	ria on back)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		epartment						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERUTO, MABEL C 1025 E. 32ND STREET	ID DIRECTORS  XXX Delete		- 1	PRES GIORI 1025	EAST 32nd S	rreet	Change	Addition  XX Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	HIALEAH FL 33013	☐ Dalete	TITLI NAM STRE	E	VICE JULI 1025	EAH, FLORIDA PRESIDENT O R. RECINOS EAST 32nd S EAH, FLORIDA	TREET	Change .	XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		I		The second secon	2012	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET AGDRESS CITY-ST-ZIP		☐ Delete	1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition	
13. I hereby indicated of the co-changed	certify that the Information supplied of on this report or supplemental report poralion or the receiver or trustee er it, or on an attachment with an address	with this filling does not qualify for its true and accurate and that impowered to execute this reported with all other like empowered.	or the exe my signa t as requ	emption stat ature shall haired by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida Statule legal effect as if made unde ida Statutes; and that my na 3/12/2001	s. I further cert er oath; that I a eme appears in	ify that the i m an office Block 11 o	information r or director or Block 12 if	
SIGNA	SIGNATURE AND TYPED	OF PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR	<del></del>	Dalo	Da	sytime Phone #		