

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000099253**

Entity Name

**I.A.M. MANAGEMENT, INC.****FILED****00 NOV 14 PM 5:24****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Original Place of Business

Mailing Address

**WESTON ROAD, SUITE 103  
LAUDERDALE FL 33326****2500 WESTON ROAD, SUITE 103  
FORT LAUDERDALE FL 33326**

Principal Place of Business

3. Mailing Address

Date, Apt #, etc

Suite, Apt #, etc

City &amp; State

City &amp; State

4. FEI Number

DO NOT WRITE IN THIS SPACE

**65-0972395**

Applied For

Not Applied For

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

**LEGAL INFORMATION SERVICES, INC.  
1290 WESTON ROAD, SUITE 300  
WESTON FL 33326**

Name

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

City

**FL**

Zip Code

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 of the current registered agent and title of entity (if applicable)

(NOTE: Registered Agent signature required when changing)

(The corporation is eligible to satisfy its intangible  
taxing requirement and elects to do so  
See criteria on back)**FILE NOW!! FEE IS \$850.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution**\$5.00 May be  
Added to Fees**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
<input type="checkbox"/> Delete <b>D</b> <b>MARTINEZ, IGNACIO</b> <b>2500 WESTON ROAD, SUITE 103</b> <b>FORT LAUDERDALE FL 33326</b>		<input type="checkbox"/> Change <input type="checkbox"/> Add <b>Site #105</b>	
<input type="checkbox"/> Delete 	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>300003488173--7</b> <b>-12/05/00--01/03--003</b> <b>****150.00 ****150.00</b>		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes, and 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 not a public officer or  
 officer of the corporation or the receiver of the business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this Block. If  
 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**I.A.M MANAGEMENT, INC.  
2500 WESTON ROAD  
SUITE #105  
WESTON, FLORIDA 33331**

November 2, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: ANNUAL REPORT DOCUMENT #P98000099253**

Dear Sir or Madam:

It has come to my attention that the payment for the annual report for the above referenced company was never received by your office.

The 2000 annual report was originally filed by the company in March 2000. Evidently, the paperwork was lost in the mail since the payment was never cashed. We are now sending you a copy of the original report that was filed by us with a replacement check in the amount of \$150.00.

Since the report was filed timely in March 2000 and lost in the mail, we respectfully ask that you abate any penalties that may have been charged since this situation was beyond our control. Thank you in advance for your consideration in this matter.

Sincerely,



Maribel Grant  
Bookkeeper