

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001932

1. Entity Name

INTERNATIONAL BELL NETWORK, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90153 037 \*\*\*150.00

Principal Place of Business 20801 BISCAYNE BOULEVARD 4TH FLOOR AVENTURA FL 33180	Mailing Address 20801 BISCAYNE BOULEVARD 4TH FLOOR AVENTURA FL 33180-1430
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

403-80

Suite, Apt. #, etc.

403-80

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903166

Applied For

Not Applicable

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

WALTZER, CRAIG A  
 20801 BISCAYNE BOULEVARD  
 4TH FLOOR  
 AVENTURA FL 33180

Name

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

Suite 403-80

City

FL

Zip Code

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	President Director Craig A. Waltzer 20801 Biscayne Blvd., #403-80 Aventura, FL 33180	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:

*Craig A. Waltzer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00

305-937-2000

CR2E034 (9/99)