

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004044

1. Entity Name

INTERNATIONAL MASTER SERVICES, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90019 004 ***159.75

Principal Place of Business

Mailing Address

6934 NORTHWEST 51ST STREET
MIAMI FL 33166

6934 NORTHWEST 51ST STREET
MIAMI FL 33166-5626

2. Principal Place of Business

3. Mailing Address

8347 N.W. 68th St

8347 N.W. 68th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

miami

miami

Zip

Country

Zip

Country

FL

33166

FL

33166

4. FEI Number

05-0888 901

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Vicente J. NOGUERA

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

8347 N.W. 68th St.

City

miami

FL

Zip Code

33166

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ZAMBRANO, JOSE | |
| STREET ADDRESS | 6934 NORTHWEST 51ST STREET | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | NOGUERA, VICENTE J | |
| STREET ADDRESS | 6934 NORTHWEST 51ST STREET | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOGUERA VICENTE J. | |
| STREET ADDRESS | 8347 N.W. 68th St. | |
| CITY-ST-ZIP | miami FL 33166 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 12 if changed, 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 #

X 04/03/00 X 305-477-6260

CR2E034 (9/99)