

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004959

1. Entity Name

INTERNATIONAL PROJECTS GROUP, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-10-2000 90111 046 ***150.00

Principal Place of Business Mailing Address
5112 NORTHWEST 79TH AVENUE 5112 NORTHWEST 79TH AVENUE
SUITE 304 SUITE 304
MIAMI FL 33166 MIAMI FL 33166-4733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE

65-0888147

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 CLAUDE A. FABRE

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

5112 NW 79th Ave, Ste 304

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]

CLAUDE A. FABRE

5/26/2000

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	PSD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ RAMIREZ, MANUEL E	
STREET ADDRESS	5112 NORTHWEST 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FABER, CLAUDE	
STREET ADDRESS	5112 NORTHWEST 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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] CLAUDE A. FABRE

4/27/00

305-594-7167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)