

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90379 036 ***150.00

DOCUMENT # P99000004959

1. Entity Name

INTERNATIONAL PROJECTS GROUP, INC.

Principal Place of Business

**5112 NORTHWEST 79TH AVENUE
 SUITE 304
 MIAMI FL 33166**

Mailing Address

**5112 NORTHWEST 79TH AVENUE
 SUITE 304
 MIAMI FL 33166**

2. Principal Place of Business

10464 NW 5 TER.

3. Mailing Address

10464 NW 5 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

Zip

33172

Country

4. FEI Number

65-0888147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FABRE, CLAUDE A

**5113 NW 79 AVE -STE 304
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

CLAUDE A. FABRE

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

10464 NW 5 TER

City

MIAMI

FL

Zip Code

33172

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, 2002 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

TITLE **PSD** ☐ Delete
 NAME **RODRIGUEZ RAMIREZ, MANUEL E**
 STREET ADDRESS **5112 NORTHWEST 79TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VTD** ☐ Delete
 NAME **FABER, CLAUDE**
 STREET ADDRESS **5112 NORTHWEST 79TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

305-271-0010

Daytime Phone #

CR2E034 (9/01)