2000 UNIFORM BUSINESS REPORT (UBR) 4/5/(FILED DOCUMENT # P99000006116 Jun 20, 2000 8:00 am Secretary of State INTERNATIONAL BRANDS MARKETING, INC. 04-05-2000 90091 014 ***150.00 Mailing Address Principal Place of Business 2201 WEST SAMPLE ROAD BLDG. 9 STE. 5B 2201 WEST SAMPLE ROAD BLDG, 9 STE, 58 POMPANO BEACH FL 33073-3082 POMPANO BEACH FL 33067 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber City & State City & State \$8,75 Additional Fee Required Country Zlp Zio Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 1 --6.-Name and Address of Current Registered Agent S Not Acceptable) 23123 STATE ROAD SEVEN STE. 350-8 ABRAM. **BOCA RATON FL 33428** Zip Code <u> 33022</u> tpe purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity suit SIGNATURE ed agent and the if applicable (NOTE, Registered Agent signsture required when rei DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trues Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (8/30)☐ Addition Delete TITLE Change D TITLE NAME NAME KRAVETS, MARC CR2E034 STREET ADDRESS STREET ADDRESS 2201 WEST SAMPLE ROAD BLDG. 9 STE. 58 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33067 Addition Change ☐ Deteta TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Oelets TETLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZF CITY-ST-ZIP [] Change Addition TIÑ F Delete ---TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Deiate TITLE MAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Addition [☐ Change TITLE ☐ Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 cath; 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 of the corporation or the receiver or trustee empow changed, or on an attachment with an address with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE FILMINED SIGNA IGNATURE AND TYPED OF PRINTED HAME OF BUILDING OFFICER OR DIRECTOR 3-27-00

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