

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009556

1. Entity Name

INTERNET BUSINESS ALLIANCE CORP.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90024 007 ***150.00

Principal Place of Business Mailing Address
1489 W. PALMETTO PARK ROAD, STE. 485 1489 W. PALMETTO PARK ROAD, STE. 485
BOCA RATON FL 33486 BOCA RATON FL 33486-3327

2. Principal Place of Business 3. Mailing Address
2717 W. Cypress Creek Road 2717 W. Cypress Creek Road
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Fort Lauderdale, FL Fort Lauderdale, FL 65-0906737 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33309 USA 33309 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CANTOR, SAMUEL J. Name
1489 W. PALMETTO PARK ROAD, STE. 485 Cantor, Samuel J.
BOCA RATON FL 33486 Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Parkway NW
Suite 200
City Boca Raton FL Zip Code 33487

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]* DATE 1/25/00
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ 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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, DAVID L		NAME	David L Parkers	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, STE. 485		STREET ADDRESS	2717 W. Cypress Creek Road	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* 3-31-00 877-969-0658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)