2001 UNIFORM BUSINESS REP()RT (UBR)

FILED Jun 06, 2001 8:00 am Secretary of State DOCUMENT # **P99000009556** INTERNET BUSINESS ALLIANCE CORP. 06-06-2001 90007 049 ***150.00 Principal Place of Business Mailing Address 2717 W. CYPRESS CREEK RD. 2717 W. CYPRESS CREEK RD. FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33:09 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0906737 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTOR, SAMUEL J Street Address (P.O. Box Number is Not Acceptable) 6700 BROKEN SOUND PARKWAY NW ST 200 **BOCA RATON FL 33487** City Zip Code FL 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. (NOT Registered Agent signature required when reinstating) FILE NOW FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME PARKER, DAVID L NAME STREET ADDRESS STREET ADDRESS 2717 W. CYPRESS CREKK RD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

changed, or on an attach

13. Thereby certify that the information supplied with this filling 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 no 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

CITY-ST-ZIP

Dow SIGNATURE AND TYPED OR PRINTED NAME OF NG OFFICER C 3 DIRECTOR

Affachment DH-PANUWYSSZ AUTZLASZ

INTERNET BUSINESS ALLIANCE, CORP. 2717 West Cypress Creek Road Ft. Lauderdale, FL 33309 (954) 969-9509

To Whom It May Concern,

Pursuant to my phone conversation with Marie @ (850)- 488-9000, I am requesting you waive the late fees for the URB filing attached for Year 2001. To our surprise upon termination of our CFO we found the checks and forms had not been mailed on time. This unfortunate act by our ex-CFO was only recently found at which time I spoke to Marie at the aforementioned phone and she suggested I write this letter asking for you help and consideration.

Thanking you in advance,

David L. Parker

Director