

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90241 048 \*\*\*150.00

**DOCUMENT # P99000021924**

1. Entity Name  
**INTERNET BUSINESS TECHNOLOGIES, INC.**



Principal Place of Business  
**1324 WEST 38TH PLACE  
HIALEAH FL 33012**

Mailing Address  
**1324 WEST 38TH PLACE  
HIALEAH FL 33012**



2. Principal Place of Business  
**8203 NW 164 ST.**

3. Mailing Address  
**8203 NW 164 ST**

Suite, Apt. #, etc.  
**MIAMI LAKES FL.**

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI LAKES FL**

4. FEI Number **65-0903705**

Applied For

Not Applicable

Zip  
**33016**

Country  
**USA**

Zip  
**33016**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**MOREIRA, EDUARDO J  
1324 WEST 38TH PLACE  
HIALEAH FL 33012**

## 7. Name and Address of New Registered Agent

Name  
**MOREIRA, EDUARDO J**  
Street Address (P.O. Box Number is Not Acceptable)  
**8203 NW 164 ST**  
City  
**MIAMI LAKES** FL Zip Code  
**33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eduardo J. Moreira*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/03  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
**DPT**  
NAME  
**MOREIRA, EDUARDO J** ☒ Delete  
STREET ADDRESS  
**1324 WEST 38TH PLACE**  
CITY-ST-ZIP  
**HIALEAH FL 33012**

TITLE  
**DVPS** ☒ Delete  
NAME  
**MOREIRA, DIANEYS**  
STREET ADDRESS  
**1324 WEST 38TH PLACE**  
CITY-ST-ZIP  
**HIALEAH FL 33012**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**DPT** ☒ Change ☐ Addition  
NAME  
**MOREIRA, EDUARDO J**  
STREET ADDRESS  
**8203 NW 164 ST**  
CITY-ST-ZIP  
**MIAMI LAKES FL 33016**

TITLE  
**DVPS** ☒ Change ☐ Addition  
NAME  
**MOREIRA, DIANEYS**  
STREET ADDRESS  
**8203 NW 164 ST**  
CITY-ST-ZIP  
**MIAMI LAKES FL 33016**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eduardo J. Moreira* **EDUARDO J. MOREIRA** 2/20/03 305-471-1837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)