

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000028699**1. Entity Name  
IPRS USA, INC.**Principal Place of Business**

3574 W FAIRVIEW STREET

MIAMI  
33133

FL

**Mailing Address**

3574 W FAIRVIEW STREET

MIAMI  
33133

FL

**2. Principal Place of Business**

2000 S BAYSHORE DRIVE

Suite, Apt. #, etc.  
#48City & State  
MIAMI

FL

Zip  
33133

Country

**3. Mailing Address**

2000 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.  
#48City & State  
MIAMI

FL

Zip  
33133

Country

**4. FEI Number****65-0992409**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SCHWARTZ WAYNE  
3574 W FAIRVIEW STREETMIAMI  
33133

FL

US

**7. Name and Address of New Registered Agent**

Name

SCHWARTZ WAYNE

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

2000 SOUTH BAYSHORE DRIVE

#48

City  
MIAMI

FL

Zip Code  
33133

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)

**02/20/2001**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ WAYNE	
STREET ADDRESS	3574 W FAIRVIEW STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ WAYNE	
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE #48	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Wayne Schwartz

Pres

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)