

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028798

1. Entity Name

INTERNATIONAL FOREX INVESTMENT CORP.

**FILED**  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90179 044 \*\*\*150.00

Principal Place of Business

Mailing Address

1844 NORTH NOB HILL RD #173  
PLANTATION FL 33322

1844 NORTH NOB HILL RD #173  
PLANTATION FL 33322-6548

80020457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SUNRISE, FL

City & State  
SUNRISE, FL

Zip

County

Zip

County

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALBIRER, MARK  
1844 NORTH NOB HILL RD #173  
PLANTATION FL 33322

Name  
BALBIRER, MARK  
Street Address (P.O. Box Number is Not Acceptable)

City  
SUNRISE FL Zip Code 33313

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

(NOTE: Registered Agent signature required when reinstating)

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.O.  
MARK BALBIRER  
5296 NW 94 TERR  
SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.O.  
MARK BALBIRER  
5296 NW 94 TERR  
SUNRISE, FL 33351

TITLE  
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CITY-ST-ZIP

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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: Mark Balbirer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)