2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90055 032 ***150.00

DOCUMENT # P99000040960

Entity Name
I.G.H. INC.

Principal Place of Business
00 SAN SOUCI BLVD., STE 225
RTH MIAMI FL 33181

Mailing Address
1800 SAN SOUCI BLVD., STE 225
NORTH MIAMI FL 33141-4130

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
1402 John F. Kennedy Cswy	1402 J.F.K. CSWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Bay Village FL	City & State: North Bay Village, FL
Zip: 33141 Country: Dade	Zip: 33141 Country: Dade

4. FEI Number: 65-0919764 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WISE, DANIEL E
1402 JOHN F. KENNEDY CAUSEWAY, STE. 195
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 1/5/00 Date

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
President Daniel E. Wise 1402 J.F.K. CSWY NBV, FL 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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] 1/5/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/99)