

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000060492

1. Entity Name

INTERNET BUSINESS DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1918 HARRISON STREET, STE.101
HOLLYWOOD FL 33020

1918 HARRISON STREET, STE.101
HOLLYWOOD FL 33020-5065

2. Principal Place of Business

3. Mailing Address

8401 NW 8 Street

8401 N.W. 8 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

305

City & State

City & State

MIAMI

MIAMI

Zip

Country

FL

33126

Zip

Country

FL

33126



DO NOT WRITE IN THIS SPACE

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

SALAMANCA, JOSE E
1918 HARRISON STREET, STE.101
HOLLYWOOD FL 33020

8401 NW 8 Street
MIAMI FL 33126

Name

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

City

FL

Zip Code

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]

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	JOSE E. SALAMANCA	
STREET ADDRESS	8401 N.W. 8 STREET #305	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CARLOS JOSE SALAMANCA	
STREET ADDRESS	10321-3 N.W. 9 STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 persons empowered.

SIGNATURE:

[Signature] SALAMANCA JOSE E. 04-17-00 (305) 261-024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #