## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 30, 2001 8:00 am DOCUMENT # P9900065979 **Secretary of State** INTERNATIONAL EQUITIES GROUP, INC. 03-30-2001 90316 039 \*\*\*150.00 Principal Place of Business Mailing Address 5100 N. FEDERAL HWY., STE. 409 5100 N. FEDERAL HWY..STE.409 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 AUU39111 2. Principal Place of Business 3. Mailing Address **#9 FIESTA WAY #9 FIESTA WAY** Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0938275 FT. LAUDERDALE, FL FT. LAUDERDALE, FL Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 33301 33301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH SAFINA LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 5100 N. FEDERAL HWY., STE, 409 FT. LAUDERDALE FL 33308 #9 FIESTA WAY City FT. LAUDERDALE 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 typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President, Director, Treasury X Change TITLE Delete TITLE Joseph Safina LEGEL, LARRY NAME NAME #9 Fiesta Way 5100 N. FEDERAL HWY., STE. 409 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 Ft. Lauderdale, FL 33301 Secretary TITLE Delete TITLE Jennifer Safina NAME NAME #9 Fiesta Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, FL 33301 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this Hing 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 said 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 expowered 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.

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