

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077584

1. Entity Name

IBEROTECH SERVICES, INC.

*(Handwritten initials)*

Principal Place of Business

11409 LAKEVIEW DR  
CORAL SPRINGS, FL 33071

Mailing Address

11409 LAKEVIEW DR  
CORAL SPRINGS, FL 33071

2. Principal Place of Business

12170 NW. 47th MANOR

Suite, Apt. #, etc.

3. Mailing Address

12170 NW. 47th MANOR

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS FL.

Zip

33076

Country

FLORIDA

Zip

33076

Country

USA.

4. FEI Number

65-0949383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORGE, FLOR M  
11409 LAKEVIEW DR  
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name: ORGE, FLOR M  
Street Address (P.O. Box Number is Not Acceptable)  
12170 NW. 47th MANOR  
City: CORAL SPRINGS FL Zip Code: 33076

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)

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  
ANNUAL 2001 FEE WILL BE \$550.00  
Must be paid to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT FLOR M. ORGE 12170 NW. 47th MANOR. CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*(Handwritten signature: Flor M. Orge)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

5

FILED  
Jun 20, 2001 8:00 am  
Secretary of State

05-22-2001 90793 011 \*\*\*150.00

75156

DO NOT WRITE IN THIS SPACE