

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090412

1. Entity Name

INTERNATIONAL PROMOTIONS GROUP, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90087 029 ***150.00

Principal Place of Business

Mailing Address

8843 EMERSON AVE.
 SURFSIDE FL 33154

8843 EMERSON AVE.
 SURFSIDE FL 33154-3362

2. Principal Place of Business

4471 NW 36th STREET

3. Mailing Address

4471 NW 36th STREET

Suite, Apt. #, etc.

240B

Suite, Apt. #, etc.

240B

City & State

MIAMI SPRINGS, FL

City & State

MIAMI SPRINGS, FL

4. FEI Number

65-0953722

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33166

Country

DADE

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

MONTALVO, EILEEN
 8843 EMERSON AVE.
 SURFSIDE FL 33154

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, 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 PD ☐ Delete
 NAME GIL, MODESTO
 STREET ADDRESS 8843 EMERSON AVE.
 CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME MONTALVO, EILEEN
 STREET ADDRESS 8843 EMERSON AVE.
 CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☒ Delete
 NAME FERNANDEZ, ANABEL
 STREET ADDRESS 8843 EMERSON AVE.
 CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

(305) 805-3317

Daytime Phone #

CR2E034 (9/99)