

2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90008 037 ***150.00

DOCUMENT # S23631
1. Entity Name International Business Export Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 132 Wallnut Hall Cir. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1699 Suite, Apt. #, etc.
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50019964

DO NOT WRITE IN THIS SPACE

City & State Woodstock, GA Zip 30189-4207	Country USA	City & State Woodstock, GA Zip 30188-1393	Country USA
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4. FEI Number 65-0237374	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE**7. Name and Address of Current Registered Agent**

Name
del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable)
7300 N.W. 19th St.

Suite 101

City
Miami
FL **Zip Code**
33126-1222

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
D/P/T/S
NAME
Barona, Emilio
STREET ADDRESS
132 Wallnut Hall Cir.
CITY - ST - ZIP
Woodstock, GA 30189-4207

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emilio Barona

04/28/2006

678-494-0079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)