2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT #

Principal Place of Business

V23551 R

1. Entity Name INTERNATIONAL PROCUREMENT, INC.



May 02, 2003 8:00 am Secretary of State 05-02-2003 90227 031 ***150.00

100 SE 2ND ST 17TH FLOOR MIAMI FL 33131 US 2. Principal Place of Business		100 SE 2ND ST 17TH FLOOR MIAMI FL 33131 US 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-0320	0796		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desi		75 Add Required		
	6. Name and Address of Current I			7. Name and Address of New Registered Agent				
100 SE 2			Street Address (P.		P.O. Box Number is Not Acceptable)			
1ST FLOO MIAMI FL	-		City		FL Z	Zip Code	·	
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) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Make Check Payable to Florida Department of State								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CURY, RENATO CRAIDY 100 SE 2ND ST 17TH FLOOR MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MORAES, STELLA MARIA LEAL 100 SE 2ND ST 17TH FLOOR MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brentani, Paolo 100 se 2nd st 17th floor Miami fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOPKINS, KAREN 100 SE 2ND ST 17TH FLOOR MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: