

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28049

1. Entity Name

IBC OF ARIZONA, INC.

Principal Place of Business

4940 W JEFFERSON  
PHOENIX AZ 85043  
US

Mailing Address

730 W. MCNAB ROAD  
FORT LAUDERDALE FL 33309-2150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0327026

Applied For

Not Applicable

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

BRADY, GERALD J.  
730 W. MCNAB ROAD  
FORT LAUDERDALE FL 33309

Name

ROBIN Gallo

Street Address (P.O. Box Number is Not Acceptable)

730 West McNAB ROAD

City Ft. Lauderdale

FL

Zip Code

33309

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 Robin Gallo ROBIN Gallo

(NOTE: Registered Agent signature required when reinstating)

2/14/00

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	DP	<input type="checkbox"/> Delete
NAME	ELLMAN, J. L	
STREET ADDRESS	730 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADY, GERALD J	
STREET ADDRESS	730 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	BERK, ARTHUR J	
STREET ADDRESS	730 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLMAN, NEIL	
STREET ADDRESS	730 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLMAN, LANCE	
STREET ADDRESS	730 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GALLO, ROBIN	
STREET ADDRESS	730 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN SIROP	
STREET ADDRESS	730 WEST McNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

NEIL ELLMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 8, 2000

(954) 977-3094

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE