

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31528

1. Entity Name

INTERNATIONAL ASSETS MANAGEMENT GROUP, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90056 028 ***150.00

Principal Place of Business

Mailing Address

1751 W COPANS RD #7
POMPANO BEACH FL 33064

PO BOX 10434
POMPANO BEACH FL 33061-6434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0328874

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

Broward

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

GLYNN, JERILYN L.
2940 NE 23RD ST
POMPANO BEACH FL 33060

Name

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

1751 W Copans Rd #7

Pompano Beach

FL

Zip Code

33064

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GLYNN, JERILYN L.	2940 N.E. 23RD ST.	POMPANO BCH. FL	<input type="checkbox"/>
S	GLYNN, JERILYN L.	2940 N.E. 23RD ST.	POMPANO BCH. FL	<input type="checkbox"/>
T	GLYNN, JERILYN L.	2940 N.E. 23RD ST.	POMPANO BCH. FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	1751 W. Copans Rd #7	Pompano Beach	33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1751 W. Copans Rd #7	Pompano Beach	33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1751 W. Copans Rd #7	Pompano Beach	33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Jerilyn L Glynn

Date

4/19/00 9547840392

Daytime Phone #

CR2E034 (9/99)