

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90155 002 \*\*\*150.00

DOCUMENT # P000000 62381 ✓

1. Entity Name

INTERNATIONAL BUSINESS WORLD, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

9050 Pines Blvd

3. Mailing Address

9050 Pines Blvd.

Suite, Apt. #, etc.

450

Suite, Apt. #, etc.

450

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

A0056799

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHALMETA, JULIO  
 3740 Inverrary Dr.  
 APT. E3-1  
 LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

Name: SANABRIA, PATRICIA  
 Street Address (P.O. Box Number is Not Acceptable): c/o Don Gonzalez, Esq  
 9050 Pines Blvd. Ste 450  
 City: Pembroke Pines FL Zip Code: 33024

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: Patricia Sanabria

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, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORENO, HECTOR	
STREET ADDRESS	3740 Inverrary Dr Apt E3-1	
CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANABRIA GINA	
STREET ADDRESS	3740 Inverrary Dr. Apt. E3-1	
CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANABRIA, JUAN M	
STREET ADDRESS	3740 Inverrary Dr. Apt. E3-1	
CITY-ST-ZIP	LAUDERHILL, FL. 33319	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ESPLUOSA, PATRICIA S	
STREET ADDRESS	3740 Inverrary Dr. Apt. E3-1	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA, SANABRIA	
STREET ADDRESS	9050 Pines Blvd Ste 450	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
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: Patricia Sanabria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

Daytime Phone #