

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000153152

**Entity Name:** IBP - INTERNATIONAL BENEFIT POINTS LLC

**Current Principal Place of Business:**

4699 N FEDERAL HWY  
SUITE 102D  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

4699 N FEDERAL HWY  
SUITE 102D  
POMPANO BEACH, FL 33064 US

**FEI Number:** 82-2233113

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DECARVALHO, ELIWAR  
4699 N FEDERAL HWY  
SUITE 102 E  
POMPANO BEACH, FL 33064 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CARRIONE, WILSON THOMAZ  
Address RUA SILVIA POZZANO, 3003 BLOCO 6  
APT 101  
City-State-Zip: RIO DE JANEIRO RJ 22790--671

Title MGR  
Name DA SILVA CARRIONE, ALLAN  
Address RUA SILVIA POZZANO, 3003 BLOCO 6  
APT 101  
City-State-Zip: RIO DE JANEIRO RJ 22790--671

Title MGR  
Name CALAZANS CORREA, DIOGO  
Address RUA VINICIUS DE MORAIS, 146 APT  
303  
City-State-Zip: RIO DE JANEIRO RJ 22411--010

Title MGR  
Name VIRGINIA CORREA, VANESSA  
Address AVENIDA DE BEIRA MAR, 494 C 3 DRT  
City-State-Zip: VILA NOVA DE GAIA 4400-382

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILSON THOMAZ CARRIONE

MGR

06/27/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date