

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90064 030 ***150.00

DOCUMENT # H10199

1. Entity Name
I.A.R. CORPORATION

Principal Place of Business

P.O. BOX 20589
 SARASOTA FL 34276
 US

Mailing Address

POST OFFICE BOX 20589
 SARASOTA FL 34276
 US

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 **NOT APPLICABLE**

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

BERNSTEIN, ARNOLD
4613 S. TAMiami TRAIL
SARASOTA FL 34231

Name

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	BERNSTEIN, ARNOLD		
	P.O. BOX 20589		
	SARASOTA FL 34276		
VP	COLLEEN, CASSIDY		
	P.O. BOX 20589		
	SARASOTA FL 34276		
T	COLLEEN, CASSIDY		
	P.O. BOX 20589		
	SARASOTA FL 34276		
S	BERNSTEIN, ARNOLD		
	P.O. BOX 20589		
	SARASOTA FL 34276		

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 reports 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: _____ Date: 1/25/2001 Daytime Phone #: 941 944 5224

CR2E034 (10/00)