

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90054 006 ***150.00

0001254

DOCUMENT # PQ0000102509

1. Entity Name
I & F CORPORATION, GUAM

Principal Place of Business 115 EAST TROPICANA LAS VEGAS NV 89109	Mailing Address 115 EAST TROPICANA LAS VEGAS NV 89109
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C0045445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 98-0079469		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent LIBOW, ALLEN H 1200 N. FEDERAL HIGHWAY SUITE 301 BOCA RATON FL 33432				7. Name and Address of New Registered Agent			
				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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IZUMI, SUKEAKI			NAME	IZUMI, SUKEAKI		
STREET ADDRESS	115 EAST TROPICANA			STREET ADDRESS	115 E. TROPICANA AVE.		
CITY-ST-ZIP	LAS VEGAS NV 89109			CITY-ST-ZIP	LAS VEGAS, NV 89109		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/T/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IZUMI, TOYO			NAME	IZUMI, TOYO		
STREET ADDRESS	115 EAST TROPICANA			STREET ADDRESS	115 E. TROPICANA AVE.		
CITY-ST-ZIP	LAS VEGAS NV 89109			CITY-ST-ZIP	LAS VEGAS, NV 89109		
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	ALAN D. BROWN		
STREET ADDRESS				STREET ADDRESS	115 E. TROPICANA AVE.		
CITY-ST-ZIP				CITY-ST-ZIP	LAS VEGAS, NV 89109		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ **ALAN D. BROWN** 4/4/01 (702)597-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)