

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90007 041 ***150.00

DOCUMENT # P98000009581

1. Entity Name
IABC, INC.

Principal Place of Business **MIRAMAR** Mailing Address **6151 MIRAMAR PKW**
~~3801 N. UNIVERSITY DRIVE SUITE 317 SUNRISE FL 33351~~ **6151 PARKWAY SUITE 202 MIRAMAR, FL 33023**
~~SUNRISE FL 33351~~

2. Principal Place of Business **6151 MIRAMAR PKY.** 3. Mailing Address **6151 MIRAMAR PKY.**
~~4225 N.W. 88th Ave PKY.~~ ~~4225 N.W. 88th Ave~~
 Suite, Apt. #, etc. **Suite III 202** Suite, Apt. #, etc. **Suite III 202**
 City & State **Sunrise, FL MIRAMAR PKY.** City & State **Sunrise, FL MIRAMAR, FL**
 Zip Country Zip Country
33351 **33351 33023**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0819995** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SHERMAN, DAVID A
~~3801 N. UNIVERSITY DRIVE SUITE 317 SUNRISE FL 33351~~ **6151 MIRAMAR PKW. STE 202 MIRAMAR, FL 33023**

7. Name and Address of New Registered Agent
 Name **David A. Sherman**
 Street Address (P.O. Box Number is Not Acceptable) **4470 N.W. 74 Ave**
 City **Lauderhill FL** Zip Code **33319**

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, 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	D SHERMAN, DAVID A 4470 NW 74 AVE LAUDERHILL FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCIA DE MIGUEL P 125 N.W. 106 AVE. PEMBROKE PINES, FL. 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **David A. Sherman** **2-23-06** **954.893.0103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)