

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90133 037 ***150.00

DOCUMENT # P98000009581
1. Entity Name
IABC, INC.



Principal Place of Business
**6151 MIRAMAR PKWY.
SUITE 202
MIRAMAR FL 33023**

Mailing Address
**PO BOX 245188
PEMBROKE PINES FL 33024**



2. Principal Place of Business
6080 NW 44 ST.

3. Mailing Address
6080 NW 44 ST.

Suite, Apt. #, etc.
308

City & State
LAUDERHILL, FL

Zip
33319

Country
U.S.A.

CHECK HERE IF MAKING CHANGES

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
**DEMIGUEL, MARCIA
6151 MIRAMAR PKWY
SUITE 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)
**6080 NW 44 STREET
308**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DAVID A. SHERMAN** DATE **1.29.03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NYE, AMALIA	
STREET ADDRESS	6737 SIMMS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DE MIGUEL, MARCIA	
STREET ADDRESS	125 NW 106 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33026	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	CARR-SMITH, SHARON L	
STREET ADDRESS	401 BRINY AVENUE #715	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	BLAKE, PAUL	
STREET ADDRESS	15006 NW 7 AVENUE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, TYRONE	
STREET ADDRESS	6151 MIRAMAR PKWY-STE 202	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. SHERMAN	
STREET ADDRESS	6080 NW 44 STREET #308	
CITY-ST-ZIP	LAUDERHILL, FL. 33319	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID A. SHERMAN** DATE **1.29.03** DAYTIME PHONE # **(954) 735-3283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)