

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
02-13-97 0006 014 ***80.00
697044000264

1. IAS ADMINISTRATIONS
Fictitious Name to be Registered
CLEAR WATER BRANCH OFFICE
2. 210 SOUTH FORT HARRISON
Mailing Address of Business

City CLEARWATER, Florida 34616
Zip Code
3. Florida County PINELLAS
4. FEI Number: 98-0136014

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

- | | |
|---------------------|---------------------|
| 1. | 2. |
| Last First M.I. | Last First M.I. |
| Address | Address |
| City State Zip Code | City State Zip Code |
| SS# - - | SS# - - |

B. ~~Owner(s)~~ of Fictitious Name If other than an individual: (Use attachment if necessary):

- | | |
|--|---|
| 1. | 2. |
| Entity Name
<u>FOUNDATION INTERNATIONAL MEMBERSHIP</u>
<u>SERVICES ADMINISTRATIONS</u>
<u>VAN ENGELSENWEG 21A</u>
Address
<u>CURACAO, NETHERLANDS ANTILLES</u>
City State Zip Code
Florida Registration Number <u>F96000001900</u>
FEI Number: <u>98-0136014</u>
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | Entity Name

Address

City State Zip Code
Florida Registration Number
FEI Number:
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Jose X Cobee 27/1/96
Signature of SECRETARY Date
Phone Number: (813) 445-4309

Signature of Owner Date
Phone Number: _____

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☒ Certified Copy — \$30

FILING FEE: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (12/95)