

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90104 008 ***150.00

DOCUMENT # 188910

1. Entity Name
INTERNATIONAL AGENCIES, INC.



Principal Place of Business
**151 LUDLOW AVENUE
NORTHVALE NJ 07647**

Mailing Address
**151 LUDLOW AVENUE
NORTHVALE NJ 07647**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6074677**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**CHARI, ANDREAS
4801 S.W. 133RD AVENUE
MIAMI FL 33175**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JOANNOU, CARINE	
STREET ADDRESS	151 LUDLOW AVE	
CITY-ST-ZIP	NORTHVALE NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOANNOU, MADELEINE	
STREET ADDRESS	151 LUDLOW AVE	
CITY-ST-ZIP	NORTHVALE NJ	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOANNOU, CYNTHIA	
STREET ADDRESS	151 LUDLOW AVE.	
CITY-ST-ZIP	NORTHVALE NJ	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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: MADELEINE JOANNOU **MADELEINE JOANNOU** **JAN 06/03 - 201 768 9050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)