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

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## F1LED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90241 000 200

1. Entity Name THE INTERNATIONAL ADVISORY GROUP, INC.  Principal Place of Business 1515 N. FEDERAL HWY SUITE 300 BOCA RATON FL 33432  Mailing Address 17116 NEWPORT CLUB DRIVE BOCA RATON FL 33496								02-13-2	2003 9024	41 02 <i>6</i>	5 ***150	.00	
2. Principal Place of Business 3. Mailing Addr			g Address	ddress			1 (8.8 ()) #1	III IDOLL IILUI	<b>                                    </b>	1811   1016	Bidit Atbu di		
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State	е .	City &	City & State			<b>4.</b> FE	I Number	59-198	3572			plied For t Applicable	]
Zip	Country	Zip		Count	ry	<b>5.</b> Ce	ertificate of	Status Des	ired 🔲		<b>8.75</b> Add e Required		
	6. Name and Address of Currer	nt Registered	Agent			7. Na	me and A	ddress of l	lew Registe	red Ag	ent		]
	The section of the se		باليودي يسي	<b>-</b> . ·	Name								
	, MICHAEL EWPORT CLUB DRIVE				Street Addre	ess (P.O. Bo	x Number	is Not Acce	ptable)				
BOCA RA	TON FL 33496												
					City		<del></del>			FL	Zip Code		
8. The above the obligati	named entity submits this statement tions of registered agent.	for the purpo	se of changing its r	egistere	ed office or reg	gistered age	nt, or both,	in the State	of Florida.	l am far	niliar with, a	and accept	
			ALOTE:	Popintoro	i Acest eigneture re	anuired when rein	estation)			DATE			
	Signature, typed or printed name of registered age	ent and title if applic	cable. (NOTE:	Registere	d Agent signature re	equired when rein	nstating)			DATE			
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

Change

Addition