

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91343 009 ***158.75

DOCUMENT # 538 739

1. Entity Name

INTERNATIONAL INVESTMENTS OF
AMERICA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 480760

Suite, Apt. #, etc.

3. Mailing Address

PO Box 480760

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. LAUDERDALE, FL

City & State

Ft. LAUDERDALE, FL

4. FEI Number

59-1766041

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

33348

Country

USA

Zip

33348

Country

USA

7. Name and Address of Current Registered Agent

Name

REUBEN SCHNEIDER

Street Address (P.O. Box Number is Not Acceptable)

2021 TYLER ST

City

HOLLYWOOD

FL

Zip Code

33022

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PIERRE MOREL
PO Box 480760
FT LAUDERDALE, FL 33348

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VST
PIERRE MOREL
PO Box 480760
FT. LAUDERDALE, FL 33348

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERRE MOREL

Date

5-8-02

Daytime Phone #

954-5661196

CR2E034B (12/01)