

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

0027617

DOCUMENT # 753515

1. Entity Name

INTERNATIONAL AFFILIATION OF INDEPENDENT ACCOUNTING FIRMS, INC.



04-10-2003 90148 038 ****61.25

Principal Place of Business

**9200 S. DADELAND BLVD.
#510
MIAMI FL 33156-2703**

Mailing Address

**9200 S. DADELAND BLVD.
#510
MIAMI FL 33156-2703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1819130**

Applied For
Not Applicable

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

**GOESSEL, ARTHUR D
9200 SO DADELAND BLVD
STE 510
MIAMI FL 33156**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GOESSEL, ARTHUR D.	
STREET ADDRESS	9200 S. DADELAND BLVD, SUITE 510	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALLY, GRANT	
STREET ADDRESS	67 CUSTOMS ST. EAST, PO BOX 3685	
CITY-ST-ZIP	AUCKLAND 1 NE	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, GREGORY	
STREET ADDRESS	FELIX BOIX, 14, ENTREPLANTA, DRCHA	
CITY-ST-ZIP	MAGRID SP	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLOTKIN, ROCHARD A	
STREET ADDRESS	130 BELLEVUE AVE	
CITY-ST-ZIP	NEWPORT RI 02840	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAME, DAVID	
STREET ADDRESS	2 CANARY WHARF	
CITY-ST-ZIP	LONDON, ENGLAND 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, NORBERTO A	
STREET ADDRESS	HUATABAMPO 38, COL. ROMA SUR, MEXICO D.F.	
CITY-ST-ZIP	MEXICO 06760	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNING, JAMES	
STREET ADDRESS	WATERPARK PLACE, 10 BAY STREET, SUITE 801	
CITY-ST-ZIP	TORONTO, ONTARIO, M5J 2R8, CANADA	
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 617, 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:

ARTHUR D. GOESSEL

4/7/03

CR2E037 (10/02)