

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F17231

1. Entity Name  
INTERNATIONAL RESOURCES & INVESTMENT CORPORATION

Principal Place of Business

360 HARBOR DRIVE  
KEY BISCAYNE FL 33149

Mailing Address

360 HARBOR DRIVE  
KEY BISCAYNE FL 33149

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2554994

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASSAN, MOSTAFA F  
360 HARBOR DRIVE  
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	VD	<input type="checkbox"/> Delete
NAME	HASSAN, NORAH	
STREET ADDRESS	360 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HASSAN, MOSTAFA F.	
STREET ADDRESS	360 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HASSAN, JOSEPH A.	
STREET ADDRESS	360 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HASSAN, SANEYA I.	
STREET ADDRESS	360 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-02 (305) 371-3001

Date

Daytime Phone #

FILED  
Mar 22, 2002 8:00 am  
Secretary of State

03-22-2002 90015 045 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)