

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000006056**

1. Entity Name

INTERNATIONAL INSURANCE HOLDINGS CORPORATION**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90007 019 ***158.75

Principal Place of Business

% CAROLYN P. LANDIS
251 CRANDON BLVD SUITE 161
KEY BISCAYNE FL 33149

Mailing Address

% CAROLYN P. LANDIS
251 CRANDON BLVD SUITE 161
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



DO NOT WRITE IN THIS SPACE

4. FEI Number **51-0111487**

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**LANDIS, CAROLYN P
251 CRANDON BLVD SUITE 161
KEY BISCAYNE FL 33149

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	LANDIS, MARK	251 CRANDON BLVD SUITE 161	KEY BISCAYNE FL 33149	<input type="checkbox"/>
PSTD	LANDIS, CAROLYN P	251 CRANDON BLVD SUITE 161	KEY BISCAYNE FL 33149	<input type="checkbox"/>
VD	LANDIS, MITCHELL	251 CRANDON BLVD SUITE 161	KEY BISCAYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN P. LANDIS

Date

3/12/01 (305) 361-5228

Daytime Phone #

CR2E034 (10/00)