

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000633

1. Entity Name  
INTERNET ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

123 NW 13TH ST #206  
BOCA RATON FL 33432

Mailing Address

123 NW 13TH ST #206  
BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SWATT, RANDI  
123 NW 13TH ST #206  
BOCA RATON FL 33432

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 *R Swatt President*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SWATT, RANDI	
STREET ADDRESS	123 NW 13TH ST #206	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Swatt, Randi	
STREET ADDRESS	123 NW 13 ST #206	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Posner, Michael J.	
STREET ADDRESS	123 NW 13 ST #206	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Bhathena, Michael A.	
STREET ADDRESS	123 NW 13 ST #206	
CITY-ST-ZIP	Boca Raton, FL 33432	
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: *R Swatt Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 561-361-6600

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90085 016 \*\*\*150.00

763485



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)