

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90015 045 ***158.75

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

2875 So. Ocean Blvd.

3. Mailing Address

2875 So. Ocean Blvd.

Suite, Apt. #, etc.

Suite 211

Suite, Apt. #, etc.

Suite 211

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

88-0412442

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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

MEHAILE J POSNER

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

125 NORTH AVENUE

City

Palm Beach

FL

Zip Code

33480

I, 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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | SWATT, RANDI | |
| STREET ADDRESS | 123 NW 13TH ST #206 | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SWATT, RANDI | |
| STREET ADDRESS | 123 NW 13TH ST #206 | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | POSNER, MICHAEL J | |
| STREET ADDRESS | 123 NW 13TH ST #206 | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BHATHENA, MICHAEL A | |
| STREET ADDRESS | 123 NW 13TH 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 | X | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | Melanie Fitzpatrick | |
| STREET ADDRESS | | 125 North Ave | |
| CITY-ST-ZIP | | Palm Beach, FL 33480 | |
| TITLE | X | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | Uille S. O'Connor | |
| STREET ADDRESS | | 125 North Ave | |
| CITY-ST-ZIP | | Palm Beach, FL 33480 | |
| TITLE | | TERESA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | Broad Talley | |
| STREET ADDRESS | | 125 North Ave | |
| CITY-ST-ZIP | | Palm Beach, FL 33480 | |
| TITLE | | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | MICHAEL POSNER | |
| STREET ADDRESS | | 125 North Ave | |
| CITY-ST-ZIP | | Palm Beach, FL 33480 | |
| 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:

Michael J. Posner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

561-655-3200

Daytime Phone #

CR2E034 (9/01)