

H55676

IMMIGRATION INTERNATIONAL CONSULTANTS, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90437 010 ***150.00

Principal Place of Business Mailing Address
1313 N PINE HILLS RD 1313 N PINE HILLS RD
ORLANDO FL 32808 ORLANDO FL 32808-4833

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. State, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FFI Number 59-2606438 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BACH-THUY, LE THI
1313 N PINE HILLS RD
ORLANDO FL 32808

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 of the person (agent) who is authorized to sign this report

(If the registered agent is a corporation, the signature of the president or officer is required)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS
TITLE ☐ Delete
NAME BACH-THUY, LETHI
STREET ADDRESS 1313 N. PINE HILLS RD.
CITY-ST-ZIP ORLANDO FL
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ 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)(b), 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. 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: *X Lethi Bach Thuy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-02-00

CR2E034 1999