## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 11, 2001 8:00 am Secretary of State **DOCUMENT # L33207** 1. Entity Name INTERNAL AUDIT SERVICES, INC. 01-11-2001 90065 024 \*\*\*150.00 Principal Place of Business Mailing Address 7100-39 FAIRWAY DR 7100 39 FAIRWAY DR H0001877 SUITE 136B 136B PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 7100 - 39 FAM WAY DA 3. Mailing Address 71*00-39 FAI*NNAY DO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc 36 Applied For 4. FEI Number ity & State 65-0165463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMO CAPIZZI, JOHN GERARD A. Street Address (P.O. Box Number is Not Acceptable) 7100-39 FAIRWAY DR SUITE 136B FAIRMAY DAINO PALM BEACH GARDENS FL 33418 Warn Bruff Caraons 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SAME CR2E034 (10/00) ☐ Change ☐ Delete TITLE SANO CAPIZZI, JOHN GERARD A NAME NAME SANO STREET ADDRESS 7100-39 FAIRWAY DR #136B STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDEND FL CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE CAPIZZI, JOHN GERARD A NAME NAME 7100-39 FAIRWAY DR #136B STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS 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.

MA FOUND A. CHAN MENDER OF DIRECTOR

SIGNATURE:

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