

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004223

1. Entity Name

INTERNATIONAL INNOVATIVE DESIGNS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:56

Principal Place of Business

950 COUNTRY CLUB BOULEVARD
CAPE CORAL FL 33990

Mailing Address

950 COUNTRY CLUB BOULEVARD
CAPE CORAL FL 33990-3074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WUNDER, CHARLES A

950 COUNTRY CLUB BOULEVARD
CAPE CORAL FL 33990

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WUNDER, CHARLES A
STREET ADDRESS 950 COUNTRY CLUB BOULEVARD
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Change ☐ Addition
NAME *mf 3/21/00*
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SCHENDERLEIN, RONALD
STREET ADDRESS 1323 LAFAYETTE STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME 8000003180768--0
STREET ADDRESS -03/22/00--01112--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME CAMPBELL, KEVIN
STREET ADDRESS 3400 DELILAH DRIVE
CITY-ST-ZIP CAPE CORAL FL 33993

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME FABER, IAN
STREET ADDRESS 3400 DELILAH DRIVE
CITY-ST-ZIP CAPE CORAL FL 33993

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3-6-00 941-574-8828

CR2E083 (9/99)