

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90349 026 ***158.75

DOCUMENT # M07541

1. Entity Name

INTERNATIONAL INSURANCE BUSINESS, INC.

Principal Place of Business

Mailing Address

8410 N.W. 53 TERRACE
 SUITE 121
 MIAMI FL 33166

8410 N.W. 53 TERRACE
 SUITE 121
 MIAMI FL 33166

2. Principal Place of Business

8405 NW 53 St.

3. Mailing Address

8405 NW 53 St.

Suite, Apt. #, etc.

Suite A-209

Suite, Apt. #, etc.

Suite A-209

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number

59-2628612

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARENCO, ALVARO & MARENCO, MARIA E.
 8410 N.W. 53 TERRACE
 SUITE 121
 MIAMI FL 33166

Name

MARENCO, ALVARO & MARENCO, MARIA E.

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

8405 NW 53 St. Suite A-209

City

Miami

FL

Zip Code

33166

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

Alvaro Marenco

5/7/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARENCO, ALVARO	
STREET ADDRESS	8410 N.W. 53 TERR. #121	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MARENCO, MARIA E.	
STREET ADDRESS	8410 N.W. 53 TERR. #121	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARENCO, ALVARO	
STREET ADDRESS	8405 NW 53 St. Suite A-209	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARENCO, MARIA E.	
STREET ADDRESS	8405 NW 53 St. Suite A-209	
CITY-ST-ZIP	Miami, FL 33166	
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:

Alvaro Marenco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/01

Date

(305) 592-1898

Daytime Phone #

CR2E034 (10/00)