

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 2002**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90323 031 \*\*\*158.75

DOCUMENT # M07541

1. Entity Name

International Insurance Business, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8405 NW 53 St.

3. Mailing Address

8405 NW 53 St.

Suite, Apt. #, etc.

Ste. A 209

Suite, Apt. #, etc.

Ste. A 209

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

59-2628612

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Marengo, Alvaro

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

8405 NW 53 St.

Ste. A-209

City

Miami

FL

Zip Code

33166

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**OFFICERS AND DIRECTORS**

TITLE PD  
NAME Marengo Alvaro  
STREET ADDRESS 8405 NW 53 St. Ste. A-209  
CITY-ST-ZIP Miami, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST  
NAME Marengo, Valeria  
STREET ADDRESS 8405 NW 53 St. Ste. A-209  
CITY-ST-ZIP Miami, FL 33166

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Valeria Marengo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 305-553-4333  
Date Daytime Phone #