

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90010 021 ***150.00

DOCUMENT # P00000055682

1. Entity Name

INTERNATIONAL GOLD SERVICE CORPORATION

Principal Place of Business

3501 SW 107 AVE
MIAMI FL 33165

Mailing Address

3501 SW 107 AVE
MIAMI FL 33165

2. Principal Place of Business

3111 DR. M. L. KING JR. BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

TAMPA, FL

Zip
33607

Country

US

3. Mailing Address

9105 W. HILLSBOROUGH AV.

Suite, Apt. #, etc.

APT I-101

City & State

TAMPA, FL

Zip
33615

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1014705

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

DIAZ, NELSON I
3501 SW 107 AVE
MIAMI FL 33165

Name

ANDRES AUGUSTO MOTES

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

9105 W. HILLSBOROUGH AV. APT I-101

City

TAMPA

FL

Zip Code

33615

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

ANDRES AUGUSTO MOTES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/16/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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PRESIDENT
ANDRES AUGUSTO MOTES
9105 W. HILLSBOROUGH AV. APT I-101
TAMPA FL 33615

☐ Change ☒ Addition

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☐ Change ☐ Addition

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:

ANDRES AUGUSTO MOTES ANDRES AUGUSTO MOTES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/16/01 (813) 350 7846

Daytime Phone #

CR2E034 (10/00)