FILED Mar 22, 2002 8:00 am Secretary of State

03-22-2002 90060 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000064120

1. Entity Name
INTERNATIONAL ADVISORS (U.S.A.), INC.

Principal Place of Business Mailing Address										
4015 INDIAN CREEK DRIVE, SUITE 201			4015 INDIAN CREEK DRIVE. SUITE 201							
MIAMI BEACH FL 33140			MIAMI BEACH FL 33140			. '				
		<u></u>			, _	. _	CHARAGAN DIN ENGLANDE AND AND AND ARRIVE	KORIA DALIH BILLIH RAKA	11011 20 11 1 06 1	
-	. , -				Z'.					
2. Principal Place of Business			3. Mailing Address				3 1 48 1(88) (5) 46(1) 68(1) 46(1) 48(1) 48(1)	##110 #{1(1 D)40; 1(#(9	ISBUT BRUS IRBS	
Suita Ant	# 010		Suite, Apt. #, etc.				: DO NOT WRITE IN THE CRACE			
Suite, Apt.	#, etc.		Suite, Apr. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	4. FEI Number CE 1002071 Applied For			
							65-1023871	No	ot Applicable	
Zip		Country	Zip	(Country	5. 0	Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
						Name				
SPIEGEL & UTRERA, P.A.					Street Ar	Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE					Oll CC17 II	Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134										
					City	FL Zip Code				
8 The above	named entit	v submits this statement fo	r the number of a	changing its reg	istered office or	registered age	ent, or both, in the State of Florida.			
6. 1110 00000	TILLITEO OTRI	y submits this diatement to	rane purpose or	endinging its reg	istores office of	registered ag	one, or both, in the State of Florida.			
SIGNATŪRE .	<u> </u>	or printed name of registered agent		ALOTE: D-						
	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: He	gistered Agent signatu	re required when re	einstating)	ATE		
9. This corporation is eligible to satisfy its Intangible							I 10. Election Campaign Financing Statil May Ba I			
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will Make Check Payable to Depart				Trust Fund Contribution.			
11.		OFFICERS AND	L	ICCR Payable I	12.		L DITIONS/CHANGES TO OFFICERS	AND DIBECTOR	S IN 11	
TITLE	PTD	OFFICERS AND		Delete	TITLE		DITIONS/CHANGES TO OFFICERS	Change	Addition	
NAME	FORTE, P	FDRO	_	1 Delete	NAME			□ change		
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP		ACH FL 33140			CITY-ST-ZIP				İ	
TITLE	v	<u></u>		Delete	TITLE			☐ Change	Addition	
NAME	HILFERTY	, JAMES			NAME					
STREET ADDRESS	4015 INDI	AN CREEK DRIVE, SUI	TE 201		STREET ADDRESS					
CITY-ST-ZIP	MIAMI BE	ACH FL 33140			CITY-ST-ZIP					
TITLE	SD			Delete	TITLE			☐ Change	☐ Addition {	
NAME	FORTE, LO	ois H			NAME				}	
STREET ADDRESS	4015 INDL	an Creek Drive, Suit	ΓE 201		STREET ADDRESS		•			
CITY-ST-ZIP	MIAMI BE	ACH FL 33140			CITY-ST-ZIP					
TITLE				Delete	TITLE			☐ Change	☐ Addition	
NAME					NAME				}	
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP		****	-14-		CITY-ST-ZIP					
TITLE				Delete	TITLE		·	☐ Change	☐ Addition	
NAME					NAME					

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 frue 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 trusted environmental 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 actual trust of the proposed of the corporation of the receiver of the rece

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

MARCH/1/2002

305-695 1140

Daytime Phone #

☐ Change

☐ Addition