

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

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91587 019 \*\*\*150.00

DOCUMENT # **P0000077390** ✓

1. Entity Name

**BUSINESS INTERNATIONAL INVESTMENT  
INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2120 QUAIL ROOST**

3. Mailing Address

**2120 QUAIL ROOST DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WESTON FL.**

City & State

**WESTON FL**

4. FEI Number

**65-1032455**

Applied For

Not Applicable

Zip

**33327**

Country

**BROWARD**

Zip

**33327**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**HERNANDEZ SANDRA**

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

**2120 QUAIL ROOST DR**

City

**WESTON**

FL

Zip Code

**33327**

**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

11. OFFICERS AND DIRECTORS

**PD**  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HERNANDEZ SANDRA  
2120 QUAIL ROOST DR  
WESTON FL 33327**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD**  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BLANDON, NATALIA  
2120 QUAIL ROOST DR  
WESTON FL 33327**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**05-20-02 (954) 2531292**

CR2E034B (12/01)

Attachment  
Document  
PO0000677390  
116782

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern,

May 15, 2002

My name is Cliff Glansen and as of April 27th, 2002 I was married to Sandra Hernandez. While going over her important documents I realized that she did not send in the UBR form for 2002.

I have enclosed a copy of the 2001 form. She has changed her address and I am sure that is why she did not receive the new form. I requested the 2002 UBR via the internet last week and it is completed and also enclosed.

Please accept the \$150.00 payment.

Sincerely,



Cliff Glansen

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000077390**

1. Entity Name

**BUSINESS INTERNATIONAL INVESTMENTS INC.**

*Attachment Page Aug 737 Banco del  
Bank.  
116782 06-01-01  
Pago cheque 1104 First Union  
08-28-01*

Principal Place of Business

**922 BRIAR RIDGE RD.  
WESTON FL 33327**

Mailing Address

**922 BRIAR RIDGE RD.  
WESTON FL 33327**

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1032453**

Added For

Not Added

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, MARIA SANDRA  
922 BRIAR RIDGE RD.  
WESTON FL 33327**

Name

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

City

**FL**

City/State

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 information required when terminated

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, MARIA SANDRA</b>	
STREET ADDRESS	<b>922 BRIAR RIDGE RD.</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BLANDON, NATALIA ANDREA</b>	
STREET ADDRESS	<b>922 BRIAR RIDGE RD.</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 19.07(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. I declare under penalty of perjury that the information of the corporation or the officer or trustee employed to execute this report as required by Chapter 193, Florida Statutes, is true and accurate.

*Maria Hernandez*  
**MARIA HERNANDEZ**