

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90090 027 \*\*\*150.00

0084201

**DOCUMENT # P00000098906**

1. Entity Name

**IIG MANAGEMENT CORP.**

Principal Place of Business

**720 ROY WALL BOULEVARD  
 ROCKLEDGE FL 32955**

Mailing Address

**720 ROY WALL BOULEVARD  
 ROCKLEDGE FL 32955**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3679193**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**HAIM BAR-NAVON**

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

**720 ROY WALL BLVD.**

City

**ROCKLEDGE**

**FL**

Zip Code

**32955**

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

**HAIM BAR-NAVON**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/01**

*Registered Agent  
 already changed  
 1/8/01*

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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>VEITH, MAX</b>	
STREET ADDRESS	<b>720 ROY WALL BOULEVARD</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTOPH, NORBERT</b>	
STREET ADDRESS	<b>720 ROY WALL BOULEVARD</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> Delete
NAME	<b>BAR-NAVON, HAIM</b>	
STREET ADDRESS	<b>720 ROY WALL BOULEVARD</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VEITH, MAX</b>	
STREET ADDRESS	<b>720 ROY WALL BLVD</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL. 32955</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/01**  
 Date

**(341) 504 7580**  
 Daytime Phone #

CR2E034 (10/00)