## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 27, 2003 8:00 am **Secretary of State** P00000102830 DOCUMENT # 01-27-2003 90157 004 \*\*\*158.75 1. Entity Name INTERNATIONAL FINANCIAL UNION, INC. Principal Place of Business Mailing Address 600 BRICKELL AVE., STE. 206F 600 BRICKELL AVE., STE. 206F MIAM! FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 600 Bridall ove 600 Brickell eve Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-1057336 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Dede Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TSALIKIS, ELIAS Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL BAY DRIVE, STE. 768 Brichell Bay Dr. A 768 MIAMI FL 33131 Zip Code Mism! <u> 33131</u> 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. I am familiar with, and accept the obligations of registered agen FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Addition ☐ Delete Pres. WINTERMEYER, WERNER werner wintermeyer NAME NAME 600 BRICKELL AVE., STE. 206F STREET ADDRESS STREET ADDRESS cenaer str. 42 MIAMI FL 33131 CITY-ST-ZIP CITY-ST-7IP Wies Baden - Germany Muhamet Malo V.Pr Change TITLE ☐ Delete TITLE NAME NAME Lexe Duragini STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete -TITI F \_\_ - Addition-NAME NAME STREET ADDRESS STREET ADDRESS ttasen garden CITY-ST-ZIP CITY-ST-ZIP wies Baden - German ☐ Addition TITLE Delete . TITLE NAME NAME Tilman Philim 7/61-10. Commenda str. 13/40/40 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. 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 10 or Block 11 if

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