

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90061 002 ***150.00

DOCUMENT # P01000038057

1. Entity Name

INTERNATIONAL ACQUISITIONS CORPORATION

Principal Place of Business

**PO BOX 470923
 CELEBRATION FL 34747**

Mailing Address

**PO BOX 470923
 CELEBRATION FL 34747**

2. Principal Place of Business

**215 Celebration place
 Suite, Apt. #, etc.
 Suite # 500**

3. Mailing Address

Suite, Apt. #, etc.

City & State

CELEBRATION FL

Zip

Country

34747

U.S.A.

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OBENAUER, KAREN
 411 ARBOR CIR.
 CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

Name

Karen Obenauer

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

215 Celebration place

City

CELEBRATION

FL

Zip Code

34747

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 **Karen Obenauer**

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

(NOTE: Registered Agent signature required when reinstating)

05/27/02

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, 2002 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 **DPST** ☐ Delete
 NAME **OBENAUER, KAREN F**
 STREET ADDRESS **PO BOX 470923**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Karen Obenauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/02

Date

321-559-1030

Daytime Phone #

CR2E034 (9/01)