

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90239 005 \*\*\*150.00

DOCUMENT # PO1000057674 ✓

1. Entity Name

I & I UNLIMITED SERVICES, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9625 SW 182 ST

Suite, Apt. #, etc.

3. Mailing Address

9625 SW 182 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0998339

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

ISABEL SANCHEZ

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

9625 SW 182 ST

City

MIAMI

FL

Zip Code

33157

**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

Isabel Sanchez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

TITLE	<u>PT</u>	<input checked="" type="checkbox"/> DELETE
NAME	<u>SANCHEZ, ISABEL</u>	
STREET ADDRESS	<u>9625 SW 182 ST</u>	
CITY - ST - ZIP	<u>MIAMI, FL, 33157</u>	
TITLE	<u>VS</u>	<input checked="" type="checkbox"/> DELETE
NAME	<u>SANCHEZ, ISRAEL</u>	
STREET ADDRESS	<u>9625 SW 182 ST</u>	
CITY - ST - ZIP	<u>MIAMI, FL, 33157</u>	
TITLE		
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CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<u>PTS</u>	<input checked="" type="checkbox"/> CHANGE
NAME	<u>SANCHEZ ISRAEL</u>	
STREET ADDRESS	<u>9625 SW 182 ST</u>	
CITY - ST - ZIP	<u>MIAMI, FL, 33157</u>	
TITLE		
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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 duly empowered.

SIGNATURE:

Isabel Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #