

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90175 040 ***150.00

DOCUMENT # P02000074602

1. Entity Name
ALLIANZ INVESTMENTS INTERNATIONAL INC.



Principal Place of Business
1320 SOUTH DIXIE HIGHWAY
SUITE 280
CORAL GABLES FL 33146

Mailing Address
1320 SOUTH DIXIE HIGHWAY
SUITE 280
CORAL GABLES FL 33146

Change



2. Principal Place of Business
433 Sansovino Ave.
Suite, Apt. #, etc.

3. Mailing Address
433 Sansovino Ave.
Suite, Apt. #, etc.
Coral G

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, FL
Zip
33146
Country
USA

City & State
Coral Gables, FL
Zip
33146
Country
USA

4. FEI Number
481266388
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRABAL MIGUEL
1320 SOUTH DIXIE HIGHWAY
SUITE 280
CORAL GABLES FL 33146
Change ADDRESS

Name
Miguel F. Mirabal
Street Address (P.O. Box Number is Not Acceptable)
433 Sansovino Ave.
City & State
Coral Gables, FL
Zip Code
33146

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 agent.

SIGNATURE *Miguel F. Mirabal* DATE *5-1-03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MIRABAL, MIGUEL F	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENRA-MIRABAL, MARGARITA	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	433 Sansovino Ave	
STREET ADDRESS	Coral Gables, FL 33146	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	433 Sansovino Ave	
STREET ADDRESS	Coral Gables, FL 33146	
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		

12. 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; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Miguel F. Mirabal* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *4/30/03* Paytime Phone *1140*

CR2E034 (10/02)