

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91443 045 ***150.00

DOCUMENT # P02000117015

1. Entity Name
INTERNATIONAL INTIMATE OF KISSIMMEE, INC.



Principal Place of Business
1001 ARMSTRONG BLVD.
UNIT B
KISSIMMEE FL 34741
US

Mailing Address
7802 KINGSPONTE PARKWAY
SUITE #205
ORLANDO FL 32819
US



2. Principal Place of Business

3. Mailing Address

1001 Armstrong Blvd.

Suite, Apt. #, etc.

Unit B

City & State

Kissimmee, FL

Zip

34741

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

30-0126223

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

PEROTTI, CAROLINA
7802 KINGSPONTE PARKWAY
SUITE #207-B
ORLANDO FL 32819

Name

IAO Services, Inc.

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

7802 Kingspointe Parkway

Suite #207-B

City

Orlando

FL

Zip Code

32819

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

Signature, typed or printed name of registered agent and new applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☒ Delete
NAME **MIRANDA, MERI**
STREET ADDRESS **1001 ARMSTRONG BLVD. - UNIT B**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE **VP-T** ☐ Delete
NAME **BROWN, RAY**
STREET ADDRESS **444 BROADVIEW AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS **236 LAKE LINK Rd SE.**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Brown

4-24-03

407 375 6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)