

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90113 048 ***150.00

DOCUMENT # P93000010601

1. Entity Name
INSTITUTE OF INTERNATIONAL INVESTMENT, CORP.



Principal Place of Business
3055 CARDINAL DRIVE
SUITE 202
VERO BEACH FL 32963

Mailing Address
3055 CARDINAL DRIVE
SUITE 202
VERO BEACH FL 32963



2. Principal Place of Business
1144 Spanish Lace Ln.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach

City & State

4. FEI Number 59-3161146

Applied For
Not Applicable

Zip
32963

Country
FL

Zip

Country

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

CURTIS, NED P
3055 CARDINAL DRIVE
SUITE 202
VERO BEACH FL 32963

Name
Andreas Winkler
Street Address (P.O. Box Number is Not Acceptable)
1144 Spanish Lace Ln.
City
Vero Beach FL Zip
32963

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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FILLMER, KARSTEN
SUEDRING 31, W-6112
GROSS-ZIMMERN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1145 Spanish Lace Lane
Vero Beach, FL 32963 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WINKLER, ANDREAS
GERVINUSSTR. 25, W-1000
BERLIN 12 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1144 Spanish Lace Lane
Vero Beach, FL 32963 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)