

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90178 034 ***150.00

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1. Entity Name

INTERNATIONAL INSURANCE ASSOCIATES, INC.



Principal Place of Business

**12207 SW 129 CT
MIAMI FL 33186
US**

Mailing Address

**14721 SW 156 AVE
MIAMI FL 33196
US**

2. Principal Place of Business

**14601 S.W. 159 Court
Suite, Apt. #, etc.
Miami, FL 33196**

3. Mailing Address

**14601 S.W. 159 Court
Suite, Apt. #, etc.**

City & State

Miami, FL 33196

Zip

U.S.

Zip

33196

U.S.

4. FEI Number

65-0487063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GONZALEZ, GEORGE R
14721 SW 156 AVE
MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name **George R. Gonzalez**
Street Address (P.O. Box Number is Not Acceptable)
14601 S.W. 159 Court
City **Miami** FL Zip Code **33196**

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

George R. Gonzalez

4/29/03

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

TITLE **P** ☐ Delete
NAME **GONZALEZ, GEORGE R**
STREET ADDRESS **14721 S.W. 156 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Gonzalez, George R.**
STREET ADDRESS **14601 S.W. 159 Court**
CITY-ST-ZIP **Miami, FL 33196**

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

TITLE ☐ Change ☐ Addition
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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:

George R. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

DATE

305 971-9898

Daytime Phone #

CR2E034 (10/02)