2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am 2 P94000086776 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90001 019 ***150.00 INTERNATIONAL INVESTMENT INDUSTRIES INC. Principal Place of Business Mailing Address 401 GOLDEN ISLES DR. 401 GOLDEN ISLES DR. 313 HALLANDALE FL 33009 HALLANDALE FL 33009 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0562264 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBLATT, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 401 GOLDEN ISLES DR **APT 313** HALLANDALE FL 33009 Zip Code 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Change Addition DST Delete TITLE TITLE USNAINSKY, PETER NAME NAME 753 N. POWERLINE ROAD STREET ADDRESS Usnainsky Peter, STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP 1205 Hillsboro Mile, Hillsboro Florida, 33062 Addition TITLE ☐ Delete NAME GREENBLATT, STEPHEN NAME STREET ADDRESS STREET ADDRESS 401 GOLDEN ISLES DR., SUITE#313 CITY-ST-ZIP HALLANOALE FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

Feb. 25, 2002

954-966-6733

FILED

Daytime Phone #