2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

401 GOLDEN ISLES DR.

P94000086776 **DOCUMENT #**

1. Entity Name

Principal Place of Business

401 GOLDEN ISLES DR.

INTERNATIONAL INVESTMENT INDUSTRIES INC.



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90116 006 ***150.00

20020142



HALLANDALE FL 33009 US		HALLANDALE FL 33009 US		ł				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te .	City & State		4. FEI	Number 65-0562264		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Cer	rtificate of Status Desired.	\$8.75 A	dditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
GREENBLATT, STEPHEN				Street Address (P.O. Box Number is Not Acceptable)				
401 GOLDEN ISLES DR			Sileer Auc	offeet Address (1.0, box Number is Not Acceptable)				
APT 313								
HALLANDALE FL 33009			City					
					FL	Zip Co	de	
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or re	egistered agent	, or both, in the State of Florida. I am	familiar with	, and accept	
:. PICNATURE								
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature	required when reinsta	ating) DATE			
€ F	ILE NOW!!! FEE IS \$150.00							
	May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5	00 May Be	
Make Check	Payable to Florida Department of	State			Trust Fund Contribution.		ed to Fees	
TITLE	DST OFFICERS AND		11.	ADDIT	TIONS/CHANGES TO OFFICERS AND			
NAME :	USNAINSKY, PETER	☐ Delete	TITLE			Change	Addition Addition	
STREET ADDRESS	1205 HILLSBORO MILE		NAME STREET ADDRESS					
CITY-ST-ZIP	HILLSBORO BEACH FL 33062		CITY-ST-ZIP					
	P							
TITLE NAME	GREENBLATT, STEPHEN	☐ Delete	TITLE			Change	Addition	
	401 GOLDEN ISLES DR., SUITE#3	212	NAME STREET ADDRESS					
CITY-ST-ZIP	HALLANOALE FL	713	CITY-ST-ZIP					
TITLE	THE HOUSE IL		-					
NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete						
NAME		□ Delete	TITLE NAME			☐ Change	☐ Addition	
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ITLE	The state of the s	☐ Delete	TITLE					
IAME		in Delete	NAME			☐ Change	☐ Addition	
TREET ADDRESS			STREET ADDRESS					
ITY-ST-ZIP		•	CITY-ST-ZIP					
2. I hereby condicated	ertify that the information supplied with too this report or supplemental report is t	this filing does not qualify for	the exemption stated	in Section 119.	07(3)(i), Florida Statutes. I further cert	ify that the i	nformation	

of the corporation of 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:

CHUMITOUPRESIDENT SIGNING OFFICER OR DIRECTOR

Feb. 18, 2003

Date

Daytime Phone # 683 - 3500 (954)