FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # **P95000014559** INTERNATIONAL INVESTMENT ADVISORS, INC. 04-12-2001 90542 030 ***150.00 Principal Place of Business Mailing Address 1021 EAST BLVD. 1021 EAST BLVD. CHARLOTTE NC 28203 CHARLOTTE NC 28203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3297422 Not Applicable Zip 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 GIBBONS, TUCKER, MILLER, WHATLEY, ET.AL. Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., SUITE 1000 **TAMPA FL 33602** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITI F ☐ Change Addition TITLE BESSEM, ERIC E NAME NAME STREET ADDRESS STREET ADDRESS 9700 NW 48TH DRIVE CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33067 ☐ Change ☐ Addition TITI F ☐ Delete TITLE BESSEM, AUBINE P NAME NAME 9700 N.W. 43TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **CORAL SPRINGS FL** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE WARD, SHELLEY M NAME ----NAME 4940 CAMERON VALLEY PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28210** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C(TY-ST-ZIP Addition TITLE ☐ Delete TITLE Change 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 empowered 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.

SIGNATURE:

BULL M. US SHELLEY M. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/9/01 (704) 333-4311 Pate DayLine Phone #