

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91640 002 ***150.00

DOCUMENT # P97000040564

1. Entity Name

INTEGRATED INVESTMENTS HOLDING, INC.

Principal Place of Business

**3602 RANCHWOOD RD
 ORLANDO FL 32808**

Mailing Address

**3602 RANCHWOOD RD
 ORLANDO FL 32808**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5515 Hollow Oak Rd

3. Mailing Address

5515 Hollow Oak Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32808

Country

Zip

32808

Country

4. FEI Number

59-3442847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**OTU, ITU AKPO
 3602 RANCHWOOD RD
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name

ITU OTU

Street Address (P.O. Box Number is Not Acceptable)

5515 Hollow Oak Rd

City

Orlando

State

Zip Code

FL 32808

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PCEO** ☐ Delete
 NAME **OTU, ITU A**
 STREET ADDRESS **3602 RANCHWOOD RD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **DST** ☐ Delete
 NAME **OTU, TAMEKA A**
 STREET ADDRESS **3602 RANCHWOOD RD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ Delete
 NAME **OTU, ETIM I**
 STREET ADDRESS **3602 RANCHWOOD ROAD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/02 407-625-4688

CR2E034 (9/01)