

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054540

1. Entity Name

FLORIDA-INTERNATIONAL INVESTMENT CORPORATION

Principal Place of Business

C/O RICHARD H. HUNT & ASSOCIATES, P.A.  
2801 PONCE DE LEON BLVD 9TH FLOOR  
CORAL GABLES FL 33134

Mailing Address

C/O RICHARD H. HUNT & ASSOCIATES, P.A.  
2801 PONCE DE LEON BLVD 9TH FLOOR  
CORAL GABLES FL 33134

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90017 037 \*\*\*150.00

654764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 Ponce de Leon Blvd.

3. Mailing Address

2801 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 1140

Suite, Apt. #, etc.

Suite 1140

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0762839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUNT, RICHARD H JR.  
2801 PONCE DE LEON BLVD  
9TH FLOOR  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

2801 Ponce de Leon Blvd.

Suite 1140

City

FL

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

Signature, typed or printed name of registered agent and title 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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	HUNT, RICHARD H JR.	
STREET ADDRESS	2801 PONCE DE LEON BLVD 9TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 Biltmore Way #418	
CITY-ST-ZIP	Coral Gables FL, 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 305-569-9006  
Date Daytime Phone #

CR2E034 (10/00)