

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068424

1. Entity Name

INTERNATIONAL INVESTORS REALTY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90081 023 ***150.00

Principal Place of Business

350 SEVILLA AVENUE
SUITE 100
CORAL GABLES FL 33134

Mailing Address

13365 SW 119TH STREET
MIAMI FL 33186-4511

2. Principal Place of Business

9380 SW 72ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B250-C

City & State

MIAMI FLORIDA

City & State

Zip

Zip

33173

Country

USA

Country

4. FEI Number

65-0772643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTILLO, LUIS

13365 SW 119TH STREET
MIAMI FL 33186

Name

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SAVANY, EMA
STREET ADDRESS 350 SEVILLA AVENUE, #100
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE PD
NAME SAVANY, EMA
STREET ADDRESS 9380 SW 72ST, #B250-C
CITY-ST-ZIP MIAMI FL 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 of Luis Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00 (305) 992-7283

Date

Daytime Phone #

CR2E034 (9/99)