## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000068424** 1. Entity Name INTERNATIONAL INVESTORS REALTY, INC. 05-01-2001 90125 030 \*\*\*150.00 Principal Place of Business Mailing Address 9380 SW 72 ST 13365 SW 119TH STREET B250-C MIAMI FL 33186 **D0045221** CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 380 Sw 72 ST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE B 250- K City & State City & State 4. FEI Number Applied For 65-0772643 FLORIDA MIAMI Not Applicable Zip Country Zip 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 CASTILLO, LUIS Street Address (P.O. Box Number is Not Acceptable) 13365 SW 119TH STREET MIAMI FL 33186 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE ≥ Delete THEF Change LUIS 6. Castille SAVANY, EMA NAME NAME 9380 5W 725T, SAR B250-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE Delete TIME ☐ Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT: F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

T!TLF

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

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STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4-25-2001

3859726

☐ Change

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Addition

Daytime Phone #