## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 13, 2002 8:00 am P97000068424 DOCUMENT # **Secretary of State** 1. Entity Name INTERNATIONAL INVESTORS REALTY, INC. 03-13-2002 90022 024 \*\*\*150.00 Principal Place of Business Mailing Address 9380 SW 72 STREET 13365 SW 119TH STREET 509727 **MIAMI FL 33186** CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 9380 SW 72 St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE B140-0 City & State City & State 4. FEI Number Applied For 65-0772643 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Eee 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 FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) Delete TITLE Change Addition EASTILLO, LUIS 6. 9380 SW 72 ST, SUITE B140-C CASTILLO, LUIS G NAME NAME 9380 SW 72 STREET, SUITE B250-B STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP CITY-ST-7IP MiANI FO 33173 DEDA DYMENT CIEVY TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 attachmost with an address, with all other like empowered.

**FILED**