

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 012 ***150.00

DOCUMENT # **P98000058052**

1. Filing Name
IAHGS & MIRROR, INC.



11038839



2. Principal Place of Business
**100 NORTH BISCAYNE BOULEVARD
21ST FLOOR - NEW WORLD TOWER
MIAMI FL 33132**

3. Mailing Address
**100 NORTH BISCAYNE BOULEVARD
21ST FLOOR - NEW WORLD TOWER
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

State Apt #, etc.

State Apt #, etc.

City & State

City & State

4. FLI Number **65-0924763**

Zip

City

Zip

City

5. Certificate of Status Fee ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUR, THOMAS EDG.
100 NORTH BISCAYNE BOULEVARD
21ST FLOOR - NEW WORLD TOWER
MIAMI FL 33132**

Name

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

City

8. The above named entity subjects this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida, and to the obligation of registered agent.

SIGNATURE

9. Election Campaign Financing ☐ **\$5.00** Moved to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

NAME	D	☐ Delete
NAME	IMOLA, GIAN-PAOLO	
STREET ADDRESS	C/O 100 N. BISCAYNE BLVD. 21ST FLOOR	
CITY, ST, ZIP	MIAMI FL 33132-2306	
NAME	AS	☒ Delete
NAME	VOLKER, VIVIAN	
STREET ADDRESS	100 N BISCAYNE BLVD, 21 FL	
CITY, ST, ZIP	MIAMI FL 33132-2306	
NAME		☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

NAME		☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing complies exactly for the description stated in Section 119.07(3)(a), 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 007, Florida Statutes; and that my name appears on the report or supplemental report, or on an attachment with an address, with all other like empowered.

Signature

205/377-391