

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067906

1. Entity Name

INTERNATIONAL ESCORTS INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90034 020 ***150.00

Principal Place of Business

Mailing Address

311 GARDENS DRIVE
#201
POMPANO BEACH FL 33069

311 GARDENS DRIVE
#201
POMPANO BEACH FL 33069-0913

2. Principal Place of Business

3. Mailing Address

4631 NW 31ST AVE,
Suite, Apt. #, etc.

4631 N.W. 31ST AVE
Suite, Apt. #, etc.

APT. 304

APT. 304

City & State

City & State

FT. LAUDERDALE FL.

FT. LAUDERDALE FL.

Zip

Country

Zip

Country

33309

33309

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTOS, JOAQUIM
311 GARDENS DRIVE
#201
POMPANO BEACH FL 33069

Name - SILLS, WILLIAM
Street Address (P.O. Box Number is Not Acceptable)
4631 N.W. 31ST AVE
APT # 304
City FT. LAUDERDALE FL Zip Code 33309

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 D ☐ Delete
NAME SILLS, WILLIAM
STREET ADDRESS 311 GARDENS DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE D ☐ Delete
NAME SANTOS, JOAQUIM
STREET ADDRESS 311 GARDENS DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *William Silles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM SILLES APRIL 25-2000

Date

Daytime Phone #

954.5701035

CPRE034 1999