

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070040

1. Entity Name

INTERNATIONAL INVESTORS FINANCIAL SERVICES, INCO

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90102 030 ***158.75

Principal Place of Business

1689 N HIATUS RD. STE 1258
PEMBROKE PINES FL 33026

Mailing Address

1689 N HIATUS RD. STE 1258
PEMBROKE PINES FL 33026-2129

2. Principal Place of Business

3. Mailing Address

PO Box 277884

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miramar, Florida

4. FEI Number 65-0857158

Applied For

Not Applicable

Zip

Country

Zip

33027

Country

USA

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

COX, MICHAEL C
1689 N HIATUS RD, STE 1258
PEMBROKE PINES FL 33026

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 D
NAME COX, MICHAEL C
STREET ADDRESS 1689 N HIATUS RD, STE 1258
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

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

TITLE ST
NAME MERCADER, ALBERTO
STREET ADDRESS 1689 N HIATUS RD, STE 1258
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☒ Delete

TITLE S/T
NAME Richard E. Brandon
STREET ADDRESS 1689 N. Hiatus Rd., Ste 1258
CITY-ST-ZIP Pembroke Pines, FL 33026 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

Michael C. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000 (954) 442-7457
Date Daytime Phone #

CR2E034 (9/99)