

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046096

1. Entity Name

INTERNATIONAL FINANCIAL ADVISORY LIMITED, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90100 020 \*\*\*150.00

Principal Place of Business

Mailing Address

6TH STREET  
MIAMI FL 33009

614 6TH STREET  
HALLANDALE FL 33009-5116

2. Principal Place of Business

12555 BISCAYNE BLVD #914

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

914

SAME

City & State  
N. MIAMI FL

City & State  
SAME

Zip  
33181

Country  
USA

Zip  
SAME

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0927600

Applied For

Not Applicable

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

MASTERSON, DREW

17039 WEST DIXIE HIGHWAY, PENTHOUSE SUITE  
NORTH MIAMI BEACH FL 33160

12555 BISCAYNE BLVD #914  
N. MIAMI FL 33181

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

TITLE ☐ Delete

NAME: PRES/OWNER  
DREW MASTERSON  
STREET ADDRESS: 614 6 ST  
CITY-ST-ZIP: HALLANDALE FL 33009

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00 9549678034

CR2E034 (9/99)