APR-18-01 SAT 04:01 PM DALIA.ACCOUNTING.SERVIC

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90108 040 ***150.00

DOCUMENT # P 99000047697

1. Entity Name
INTERNATIONAL INSURANCE NETWORK OF USA, INC

Principal Place of Business
5100 S. DIXIE HWY STE I2
WEST PALM BCH, FL 33405

Mailing Address
SAME

A0060909

2. Principal Place of Business
5100 S Dixie Hwy
Suite, Apt. #, etc. 12

3. Mailing Address
same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: West Palm Bch
Zip 33405 Country Palm Beach

City & State
Zip Country

4. FEI Number 65-0930256 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MIGUEL SOTOMAYOR
I634 63rd Dr. S
West Palm Bch, FL 33415

7. Name and Address of New Registered Agent
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) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
D MIGUEL SOTOMAYOR I634 63rd Dr. S West Palm Bch, Fl 33415	☐
D	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 exemptions 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: MIGUEL SOTOMAYOR- 04-I8-0I (56I) 585-5003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #