

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90007 002 ***558.75

DOCUMENT # P99000072196

1. Entity Name
INTERNATIONAL INVESTIGATION SERVICES, INC.

Principal Place of Business Mailing Address
11425 SW 88 AVE. **11425 SW 88 AVE.**
MIAMI FL 33176 **MIAMI FL 33176 4909**

2. Principal Place of Business 3. Mailing Address
7600 WEST 20th AVE. **999 PONCE DE LEON BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
221 **715**

City & State City & State
HALEAH, FL. **CORAL GABLES, FL.**

Zip Country Zip Country
33176 **U.S.A.** **33134** **U.S.A.**

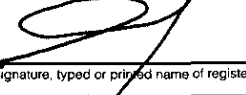
4. FEI Number Applied For
65-0963519 Not Applicable

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

6. Name and Address of Current Registered Agent
REYES, JOSE LUIS
11425 SW 88 AVE.
MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name **REYES, JOSE LUIS**
 Street Address (P.O. Box Number is Not Acceptable)
7600 WEST 20th AVENUE # 221
 City **HALEAH** FL Zip Code **33012**

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  DATE **5/30/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD REYES, JOSE LUIS 11425 SW 88 AVE. MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REYES, JOSE LUIS 7600 WEST 20 th AVENUE # 221 HALEAH, FL. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:  DATE **5/30/2000** Daytime Phone # **305-443-8010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2:07-4 (9/00)