

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90262 024 ***158.75

DOCUMENT # P99000106238

1. Entity Name
INTERNATIONAL ASSOCIATES, INC.

Principal Place of Business
9553 HARDING AVE. SUITE 311
SURFSIDE FL 33154

Mailing Address
9553 HARDING AVE. SUITE 311
SURFSIDE FL 33154



2. Principal Place of Business
20801 BISCAYNE BLVD. ← SAME 20801 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.
SUITE #403

City & State
AVENTURA, FL

4. FEI Number
65-0968072

Applied For
 Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

6. Name and Address of Current Registered Agent

TEDDER, REBECCA
1900 PURDY AVE, SUITE 1105
MIAMI FL 33139

→ **NEW ADDRESS**

7. Name and Address of New Registered Agent

Name
TEDDER, REBECCA

Street Address (P.O. Box Number is Not Acceptable)
21205 YACHT CLUB DR

#2107

City
AVENTURA

FL

Zip Code
33180

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, 2002 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
P
 NAME
TEDDER, REBECCA
 STREET ADDRESS
10275 COLLINS AVE, SUITE 208
 CITY-ST-ZIP
MIAMI FL 33154

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT
 NAME
TEDDER, REBECCA
 STREET ADDRESS
21205 YACHT CLUB DR #2107
 CITY-ST-ZIP
AVENTURA, FL 33180

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02 (305) 864-7775

Date

Daytime Phone #

CR2E034 (9/01)