

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22271

1. Entity Name

INTERNATIONAL REALTY & INVESTMENT GROUP, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90155 001 ***150.00

04-19-2000 90155 002 *****8.75

Principal Place of Business

Mailing Address

1799 NE 164TH ST

1799 NE 164TH ST

#111

#111

N. MIAMI BCH FL 33162

N. MIAMI BCH FL 33162-4056

8228

2. Principal Place of Business

17101 NE 19th AVENUE

3. Mailing Address

1920 NE 208th TERRACE

Suite, Apt. #, etc.

SUITE #205

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL.

City & State

NORTH MIAMI BEACH, FL.

4. FEI Number

65-0330271

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33179

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

RANCE, LESLIE

1920 N.E. 208TH TERRACE

NORTH MIAMI BEACH FL 33179

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 ☐ Delete
NAME P
STREET ADDRESS RANCE, LESLIE
CITY-ST-ZIP 1920 N.E. 208TH TERRACE
NORTH MIAMI BEACH FL 33179

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

LESLIE RANCE (PRESIDENT) 4/10/2000

305-682-1002

Date

Daytime Phone #

CR2E034 (9/99)