

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V22271**

1. Entity Name

INTERNATIONAL REALTY & INVESTMENT GROUP, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90002 010 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 17101 NE 19TH AVE SUITE #205 N. MIAMI BCH FL 33162 US		Mailing Address 17101 NE 19TH AVE SUITE #205 N. MIAMI BCH FL 33162 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1920 NE 208th TERRACE Suite, Apt. #, etc.	
City & State		City & State N.M.B. FLORIDA	
Zip	Country	Zip	Country
33179	USA	33179	USA
4. FEI Number 65-0330271		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANCE, LESLIE 1920 N.E. 208TH TERRACE NORTH MIAMI BEACH FL 33179			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANCE, LESLIE 1920 N.E. 208TH TERRACE NORTH MIAMI BEACH FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		LESLIE RANCE PRESIDENT 1/16/2001 305-682-1002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)