

**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**

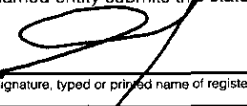
City & State      City & State  
**HALEAH, FL.**      **CORAL GABLES, FL.**

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 <b>REYES, JOSE LUIS</b> <b>11425 SW 88 AVE.</b> <b>MIAMI FL 33176</b>		7. Name and Address of New Registered Agent Name <b>REYES, JOSE LUIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7600 WEST 20th AVENUE # 221</b> City <b>HALEAH</b> FL      Zip Code <b>33012</b>	
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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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>REYES, JOSE LUIS</b> <b>11425 SW 88 AVE.</b> <b>MIAMI FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>REYES, JOSE LUIS</b> <b>7600 WEST 20th AVENUE # 221</b> <b>HALEAH, FL. 33012</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:       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 (9/01)