

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072196

1. Entity Name

INTERNATIONAL INVESTIGATION SERVICES, INC.

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

06-13-2000 90007 002 ***558.75

Principal Place of Business

11425 SW 88 AVE.
MIAMI FL 33176

Mailing Address

11425 SW 88 AVE.
MIAMI FL 33176-4309

2. Principal Place of Business

7600 WEST 20th AVE.

3. Mailing Address

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

#221

Suite, Apt. #, etc.

715

City & State

HALEAH, FL.

City & State

CORAL GABLES, FL.

Zip

33176

Country

U.S.A.

Zip

33134

Country

U.S.A.

4. FEI Number

65-0963519

Applied For

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME REYES, JOSE LUIS
STREET ADDRESS 11425 SW 88 AVE.
CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME REYES, JOSE LUIS
STREET ADDRESS 7600 WEST 20th AVENUE #221
CITY-ST-ZIP HALEAH, FL. 33012

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ 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

5/30/2000

Date

305-443-8010

Daytime Phone #

CR2107 4 (9/01)