2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

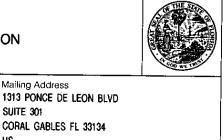
DOCUMENT # 531716

Principal Place of Business

SIGNATURE

 Enuty Name 	;	
NTERVAL	MANAGEMENT	CORPORATION

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



(NOTE: Registered Agent signature required when reinstating)

FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90058 004 ***158.75

1313 PONCE DE SUITE 301 CORAL GABLES I US	LEON BLVD.	1313 PONCE DE SUITE 301	CORAL GABLES FL 33134					
2. Principal Place of Business 3. Mailing Address			- I TORRING BLUED LUNCH FLOOR FLOOR BLUE BLOOK BLOOK BLUE BLOOK BLUE BLOOK BLO					
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State	City & State City & State		4. FEI Number 59-1758956	Applied For Not Applicable				
Zip	Country	Zip	Zip Country			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SEVIN, NORM	MAN'M.			Name				
1313 PONCE DE LEON			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 301								
CORAL GABLES FL 33134			City	FL	Zip Code			
The above nan the obligations	ned entity submits this staterr of registered agent.	nent for the purpose of char	nging its registere	ed office or reg	gistered agent, or both, in the State of Florida. I am fa	amiliar with, and accept		
SIGNATURE								

Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTO	20			Election Campaign Financing Trust Fund Contribution.	☐ Adde	00 May Be d to Fees
TITLE	SD OFFICERS AND DIRECTO	· ·	11,	ADDI	ITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	SEVIN, NORMAN 1313 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHERN, LILLIAN G. 3948 S. W. 5 STREET MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LOIACONO, VINCENT 5625 SW 84 TERRACE MIAMI FL 33143	☐ Delete	, TITLE NAME STREET ADDRESS CITY-ST-ZIP		Add to the second of the secon	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS CHERN, MARSHALL M. 3948 SW 5 STREET MIAMI FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100		☐ Change	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	;-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: