

2001 UNIFORM BUSINESS REPORT (UBR)

3/17

FILED
May 03, 2001 8:00 am
Secretary of State

03-12-2001 90068 001 ***300.00

DOCUMENT # P00000024477

1. Entity Name

INTELLIGENTADVISOR, INC.

Principal Place of Business
 659 LOGGERHEAD ISLAND DR.
 SATELLITE BEACH FL 32937

Mailing Address
 659 LOGGERHEAD ISLAND DR.
 SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3632467

Applied For

Not Applicable

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

SHAH, SAMEER
 659 LOGGERHEAD ISLAND DR.
 SATELLITE BEACH FL 32937

Name **SHAH, NAREN**

Street Address (P.O. Box Number is Not Acceptable)

659 LOGGERHEAD ISLAND DR.

City **Satellite Beach**

FL

Zip Code **32937**

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

(Sameer Shah)

Naren Shah
 3.5.01 3/15/01

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, 2001 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	D <input type="checkbox"/> Delete
STREET ADDRESS	SHAH, SAMEER
CITY-ST-ZIP	659 LOGGERHEAD ISLAND DR. SATELLITE BEACH FL 32937
TITLE NAME	D <input checked="" type="checkbox"/> Delete
STREET ADDRESS	HOROWITZ, ROBERT
CITY-ST-ZIP	423 PIMBURN DR. FAIRFIELD CT 06430
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	CDP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	DPTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SHAH, NAREN C
CITY-ST-ZIP	659 LOGGERHEAD ISLAND DR. SATELLITE BEACH FL 32937
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>Naren Shah</i>
CITY-ST-ZIP	<i>3/15/01</i>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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

(Sameer Shah)

Date

Daytime Phone #

3.5.01 321-773-0098

CR2E034 (10/00)