

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 205344

1. Entity Name

INTER-AMERICAN FLORIDA LAND CORP.

Principal Place of Business

3075 BUCKINGHAMMOCK TRAIL
VERO BEACH FL 32960
US

Mailing Address

3075 BUCKINGHAMMOCK TRAIL
VERO BEACH FL 32960
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0967871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEYER, THOMAS M
3075 BUCKINGHAMMOCK TRAIL
VERO BEACH FL 32960

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE PD ☐ Delete
NAME STEYER, STANLEY
STREET ADDRESS APARTADO 2363
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE VPS ☐ Delete
NAME STEYER, HELEN
STREET ADDRESS 1660 BAY ST APT 301
CITY-ST-ZIP SAN FRANCISCO CA

TITLE STD ☐ Delete
NAME STEYER, THOMAS
STREET ADDRESS 3075 BUCKINGHAMMOCK TRAIL
CITY-ST-ZIP VERO BEACH FL 32960-4968

TITLE VPS ☐ Delete
NAME STEYER, EVA
STREET ADDRESS APARTADO 2363
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Thomas M. Steyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 01/05/02 (561) 978-6693
Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90019 012 ***150.00



DO NOT WRITE IN THIS SPACE

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