

2002 UNIFORM BUSINESS REPORT (UBR)

0200007
AV

DOCUMENT # 559710

1. Entity Name
INTERCAP REALTY MANAGEMENT, INC.

FILED

02 OCT 18 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

Principal Place of Business
80 SW 8TH ST.
STE 2120
MIAMI FL 33130

Mailing Address
80 SW 8TH ST.
STE 2120
MIAMI FL 33130

2. Principal Place of Business
1450 MADRUGA AVENUE
Suite, Apt. #, etc.
SUITE 400
City & State
CORAL GABLES, FL
Zip 33146 Country USA

3. Mailing Address
1450 MADRUGA AVENUE
Suite, Apt. #, etc.
SUITE 400
City & State
CORAL GABLES, FL
Zip 33146 Country USA

4. FEI Number 59-2678244
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINDHORST, KENT A
80 SW 8TH ST.
STE 2120
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1450 MADRUGA AVENUE
SUITE 400
City CORAL GABLES FL Zip Code 33146

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 KENT A. WINDHORST 9/27/02
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, DAVID 13643 APERING BAY AVE., #165 CORAL GABLES FL 33158	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINDHORST, KENT A. 80 SW 8TH ST., #2120 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300008547428 10/23/02--01003--027 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1450 MADRUGA AVENUE, SUITE 400 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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: KENT A. WINDHORST 9/27/02 305-666-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date