## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

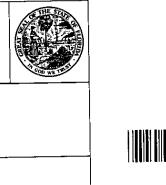
## 559710 **DOCUMENT #**

1. Entity Name

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INTERCAP REALTY MANAGEMENT, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90076 040 \*\*\*150.00

305-446-3639

Principal Place 1450 MADRUGA SUITE 400 CORAL GABLES	AVENUE		Mailing Address 1450 MADRUGA AVENUE SUITE 400 CORAL GABLES FL 33146  3. Mailing Address Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
2. Principal Pla	ace of Busin	ess									
Suite, Apt. #	t, etc.										
City & State			City & State				4. F	59-2678244	No	plied For t Applicable	
Zip Country			Zip	-	Coun	Country-		5. Certificate of Status Desired Fee Required			
<u> </u>	6. Name	and Address of Current	Registere	d Agent			7. N	lame and Address of New Registered	Agent		
	,					Name		•			
WINDHORS 1450 MADE			Ì			Street Address (P.O. Box Number is Not Acceptable)					
		INUE									
SUITE 400 CORAL GA		33146				City		FI	Zip Cod	e	
8. The above the obligati	named enti ons of regis	ty submits this statement fo tered agent.	or the purp	oose of changing its	register	ed office or regis	stered ag	ent, or both, in the State of Florida. 1 am	i familiar with,	and accept	
SIGNATURE _	Signature, types	d or printed name of registered agen	t and title if app	plicable. (NOT	E: Registere	ed Agent signature requ	ired when n	einstating) DATE			
FI After	LE NOW!	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o						Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
	r ayabic i	OFFICERS AND			11.		ΑC	DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
NAME STREET ADDRESS			•	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	STD WINDHOI 1450 MAI	RST, KENT A. DRUGA AVENUE BABLES FL 33146		☐ Delete			v :		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OOTAL	2.00000		□ Delete	STI	LE ME REET ADDRESS IY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			-	Delete	NA ST	ile Me Reet address IY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TIT NA ST	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ļ			☐ Delete	TIII NA ST	TLE AME TREET ADDRESS TY-ST-ZIP			☐ Change	Addition	
12 I harehy	certify that d on this rep prporation o d, or on an a	the information supplied woort or supplemental repor r the receiver or trustee em attachment with en addres	vith this filir t is true an apowefed to exvite all co	ng does not qualify d accurate and tha to execute this repo other like empowers	for the ex t my sigr ort as req	xemption stated nature shall have juired by Chapte	in Section the same r 607, Flo	n 119.07(3)(i), Florida Statutes. I further e legal effect as if made under oath; that rida Statutes; and that my name appear	certify that the t I am an office is in Block 10	information er or director or Block 11 if	