

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00901

1. Entity Name

INTERTRONIC LTD., INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90176 050 ***150.00

Principal Place of Business C/O ROBERT L FELDMAN ESQ 300 SEVILLA AVENUE SUITE 305 CORAL GABLES FL 33134 US	Mailing Address C/O ROBERT L FELDMAN ESQ 300 SEVILLA AVENUE SUITE 305 CORAL GABLES FL 33134-6624 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2042222	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, ROBERT L, ESQ
300 SEVILLA AVENUE
SUITE 305
CORAL GABLES FL 33134

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
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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, 2000 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	DPT	<input type="checkbox"/> Delete
NAME	LETANNEUR, JACQUES	
STREET ADDRESS	4528 S.W. 24TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRIAY, L.W.	
STREET ADDRESS	STE.1, GIBRALTER HTS.	
CITY-ST-ZIP	GIBRALTER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LETANNEUR, JACQUES	
STREET ADDRESS	4528 S.W 24TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FELDMAN, ROBERT	
STREET ADDRESS	300 SEVILLA AVENUE #305	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Jacques Letanneur	3/31/00	954 - 792-0486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E034 (9/99)