

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91517 045 ***150.00

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

DOCUMENT # F00901

1. Entity Name
INTERTRONIC LTD., INC.



Principal Place of Business
**% R L FELDMAN ESQ
8900 SW 107 AVE SUITE 203
MIAMI, FL 33176 US**

Mailing Address
**% R L FELDMAN ESQ
8900 SW 107 AVE SUITE 203
MIAMI, FL 33176 US**

10090005



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2042222

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

**FELDMAN, ROBERT L, ESQ
8900 SW 107 AV
SUITE 203
MIAMI, FL 33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
LETANNEUR, JACQUES
4528 S.W. 24TH ST.
FT. LAUDERDALE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TRIAY, L.W.
STE. 1, GIBRALTER HTS.
GIBRALTER, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LETANNEUR, JACQUES
4528 S.W 24TH ST.
FT. LAUDERDALE, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FELDMAN, ROBERT
300 SEVILLA AVENUE #306
CORAL GABLES, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FELDMAN, ROBERT
8900 SW 107 AVE SUITE 203
MIAMI, FL 33176** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

4/23/03 305-598-4841

CR2E034 (10/02)