

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90545 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000000045

1. Entity Name

INTERFLO, INC.

DO NOT WRITE IN THIS SPACE

20018984

2. Principal Place of Business
231 GREENPOINT CIRCLE

Suite, Apt. #, etc.

3. Mailing Address
231 GREENPOINT CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS FL

4. FEI Number
223333690

Applied For
Not Applicable

Zip
33418

Country
USA

Zip
33418

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Registered Agent

Name
A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI

FL

Zip Code
33131

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

Paul Smith PAUL SMITH, VICE-PRESIDENT

01-24-03

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

C
LEVINE, IRA
231 GREENPOINT CIRCLE
PALM BEACH GARDENS FL 33418

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE

IRA LEVINE

IRA LEVINE, C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/03

Daytime Phone #

609-8762620

CR2E034B (12/01)