

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F07124

1. Entity Name

INTERBOND CORPORATION OF AMERICA

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90177 018 ***150.00

Principal Place of Business

3200 SW 42ND ST
HOLLYWOOD FL 33312
US

Mailing Address

3200 SW 42ND ST
HOLLYWOOD FL 33312-6813
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2105736

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

YOUNG, PAUL
ONE EAST BROWARD BLVD
FT. LAUDERDALE FL 33301

Name

SHERE CRITELL

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

2601 South Bayshore Drive, Suite 1600

City

MIAMI

FL

Zip Code

33133

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

Sherie Critell

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, ROBERT 3200 SW 42ND ST HOLLYWOOD FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERLMAN, MICHAEL 3200 SW 42ND ST HOLLYWOOD FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLMAN, SHARON 3200 SW 42ND ST HOLLYWOOD FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS LADAU, JEROME 3200 SW 42ND ST HOLLYWOOD FL 33312	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, BRUCE 3200 SW 42ND ST HOLLYWOOD FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)