

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-31-2001 90179 011 ***150.00

DOCUMENT # F07124

Entity Name
INTERBOND CORPORATION OF AMERICA

Principal Place of Business

3200 SW 42ND ST
 HOLLYWOOD FL 33312
 US

Mailing Address

3200 SW 42ND ST
 HOLLYWOOD FL 33312
 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

CRITELLI, SHERI ESQ
ADORNO & ZEDER, P.A.
888 S.E. 3RD AVENUE, SUITE 500
FT. LAUDERDALE FL 33335-9002

7. Name and Address of New Registered Agent

Name
TAMATHA ALVAREZ
 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

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, 2001-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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/01

954-797-4000

CR2E034 (10/00)