

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13892

1. Entity Name

INTERCAP DEVELOPMENT CORPORATION

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-28-2001 90007 005 ***150.00

32738



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13643 DEERING BAY DR UNIT 165 CORAL GABLES FL 33158 US	Mailing Address 13643 DEERING BAY DR UNIT 165 CORAL GABLES FL 33158 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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4. FEI Number	59-2622973	Applied For	Not Applicable
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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

WINSHORST, KENT A
80 SW 8TH STREET
SUITE 2120
MIAMI FL 33130

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, DAVID R.	
STREET ADDRESS	13643 DEERING BAY DR. #165	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WINDHORST, KENT A	
STREET ADDRESS	80 SW 8TH STREET, #2120	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WEAVER, DOROTHY	
STREET ADDRESS	13643 DEERING BAY DR. #165	
CITY-ST-ZIP	CORAL GABLES FL 33158	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: 3/9/2001 (305) 238-7708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)